Seniors Advisory Council for Alberta

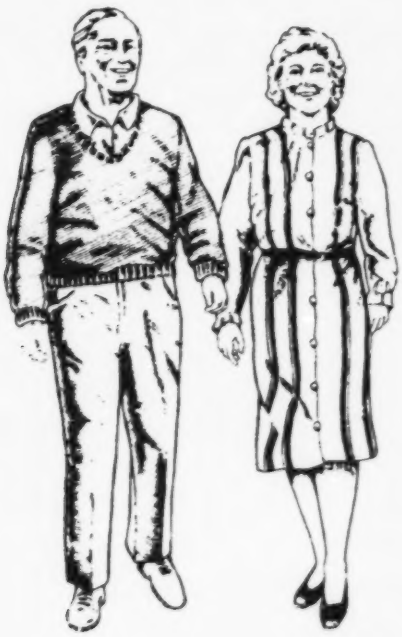
1990 ANNUAL REPORT

The Future is Now: Alberta's Seniors in the Nineties

1990 Report to the Honourable Roy Brassard, Associate Minister, Alberta Family and Social Services

Seniors Advisory Council for Alberta

1990 Annual Report



The Future is Now: Alberta Seniors in the Nineties

1990 Report
to the Honourable Roy Brassard,
Associate Minister,
Alberta Family and Social Services

91-06733/

Alberta
SENIORS ADVISORY COUNCIL

405, Energy Square, 10109 - 106 Street, Edmonton, Alberta T5J 3L7, Telephone (403) 427-7876 or Toll Free 1-800-642-3853, FAX 422-6051

December 31, 1990

Honourable Roy Brassard
Associate Minister
Family and Social Services
107 Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Mr. Brassard:

I am pleased to present the 1990 Annual Report of the Seniors Advisory Council for Alberta.

The report entitled, "Alberta's Older Population: Now and in the Future," provides Council recommendations relating to present and future generations of seniors.

Yours very sincerely,

Thos. N. Musgrove
M.L.A., Bow Valley Constituency
Chairman, Seniors Advisory
Council for Alberta

Printed on Recycled Paper

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Executive Summary

In this 1990 annual report, the Seniors Advisory Council for Alberta discusses the current and future status of the senior population in Alberta. Emphasis is placed on viewing the growing numbers and proportion of seniors in the population as a resource, not as a problem. Only a very small percentage of older people are heavy users of health and social services. Looking to the future, the Council has developed 15 recommendations to the Premier and Cabinet of the Government of Alberta.

Council's recommendations are based on the Statement of Philosophy and eight principles which we, as a Council, believe should form the basis of policy and program development relating to older Albertans.

Part I of the report contains recommendations to specific Ministers and the rationale for each recommendation. The recommendations are:

- the enactment of the Seniors Advisory Council Act;
- the need for education about aging in the school curriculum;
- the need for education about aging for the general public;
- the need for education about aging at the undergraduate and graduate professional level, with core courses mandatory for health professionals;
- options in retirement policies, such as flexible and gradual retirement;
- an extension of the Alberta Widows' Pension Program to other low-income groups; improvement of the Canada Pension Plan and its benefits; more private pension plan coverage; coverage for part-time workers; tax credits rather than tax deductions for contributions to Registered Retirement Savings Plans;
- active health promotion programs for seniors in both community and institutional settings;
- an increased emphasis in educational programs for health professionals and the general public on the use of medications and other drugs by older persons;
- secure funding for senior citizen centres;
- evaluation of the use and viability of the Seniors' Emergency Medical Alert Program; a variety of housing options for older people; training for the staff/managers of seniors' residences; inclusion of lodges in the single point of entry system; review of the charges for lodge accommodation with consideration of an increase; encouragement of the involvement of voluntary, non-profit and profit agencies in the development of seniors' housing, particularly for middle income older people; encouragement of cooperative housing;
- support for a survey by Council of the needs of older Natives;
- implementation of the single point of entry for continuing (long term) care services;
- expansion of the home care program, with an emphasis on non-medical services such as personal care; counselling, including social work consultation; homemakers and chore services;
- community workshops to increase communication and collaboration among and between community and institutional services; and
- grants for education and special projects relating to seniors and aging.

Part II summarizes the Council's work during this calendar year. The Appendices contain summaries of briefs and responses prepared by the Council; the Council's proposal for a survey of older Natives; the response from the Minister of Education to the 1989 report; and an explanation of retirement options.

Terms of Reference

Seniors Advisory Council for Alberta

Purpose

1. To review, influence and make recommendations on government policies, legislation, programs and services for older people in Alberta, including new policies and changes in existing policies and the coordination of these policies.
2. To represent the views and concerns of older persons in Alberta by maintaining and enhancing its ongoing relationships with seniors' organizations, agencies, educational institutions and professionals dealing with seniors, and through contact with individual seniors and members of the public at large.
3. To gather and disseminate information related to seniors and to their programs.
4. To foster positive attitudes towards aging and a better understanding of seniors.
5. To review and advise on education and special project grants in relation to seniors and aging.
6. To carry out any other responsibilities at the request of the Government.

Meetings

The Council will meet as a whole at least four times a year.

Reporting

The Council will report to the Premier and the Cabinet through the Associate Minister of Family and Social Services and submit an annual report to the Associate Minister at the end of June of each calendar year, as well as any other reports deemed appropriate.

Remuneration of the Chairman and Members of the Council

Honoraria and out-of-pocket expenses will be paid according to the appropriate schedule established by Ministerial Order.

Membership

The Chairman will be a member of the legislative assembly appointed by the Government.

Other members will include:

One member from each of the following organizations selected from nominations put forward by them (the Alberta Hospital Association, the Alberta Medical Association and, on an alternating basis, the University of Calgary, the University of Alberta and the University of Lethbridge;

Eleven members representing the community from various regions of Alberta.

Members of Council 1990

Thomas Musgrove, MLA, Bow Valley Constituency
Chairman

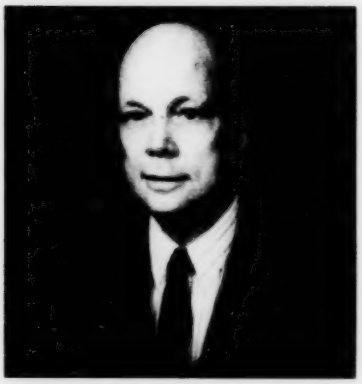
Mr. Musgrove is a businessman and rancher, now located at Patricia, Alberta. He has had extensive community involvement. In addition to involvement in several community organizations, he has served on the County of Newell Council and later as Reeve of the County. He has been a member of the School Committee, the Foundation (senior citizen lodges) Board, the Brooks Hospital Board, the South East Alberta Planning Commission, and vice-chairman of the Commission. He has been a director of the Alberta Association of Municipal Districts and Counties and vice-president of the Association.

He was first elected to the provincial legislature in 1982, and has served on several committees of the legislature. In June of 1989 the Premier of Alberta appointed Mr. Musgrove as Chairman of the Seniors Advisory Council for Alberta.

Frank Appleby, Athabasca
representing the rural areas

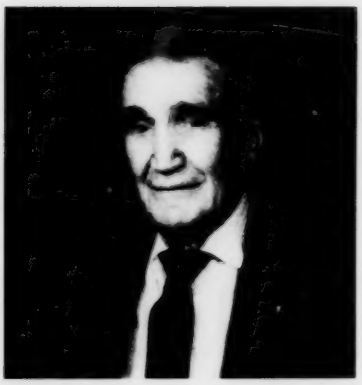
Mr. Appleby, vice-chairman of the Council, was educated at the University of Alberta and received his Bachelor of Arts Degree.

His career includes service with the Royal Canadian Air Force (R.C.A.F.), positions as a school teacher and student counsellor and fifteen years as a Member of the Legislative Assembly (M.L.A.), the last seven of which were served as Deputy Speaker. In addition to being involved with the Royal Canadian Legion, the Lions Club and All Saints Parish in Athabasca, Mr. Appleby represents Alberta on the National Advisory Council on Aging.



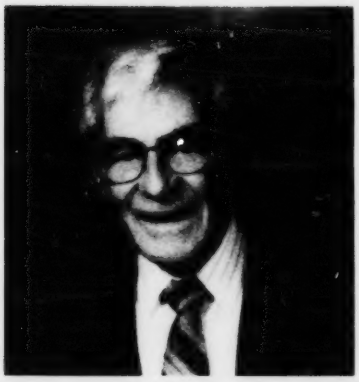
Christopher Armstrong-Esther, Lethbridge
representing the universities

Dr. Armstrong-Esther is a professor of nursing with the Faculty of Nursing, University of Lethbridge, and an adjunct professor of gerontology with the Faculty of Medicine, University of Alberta. Dr. Armstrong-Esther was educated in the United Kingdom, receiving his B.Sc. at the University of Newcastle and his Ph.D. at the University of Surrey. His principle interests are in the care of the elderly and in rehabilitation. Since 1983 when he came to Lethbridge, he has worked with the People First Society, the Handicapped Society, the Green Acres Foundation, St. Michael's Hospital and the Lethbridge Health Unit. He is a Director of the Canadian Cancer Society and is on the board of directors for the Alzheimer Society. Dr. Armstrong-Esther is the Council's representative on the Alberta Health Long Term Care Liaison Committee. He has also done some special research work with the Blood Indian Band.



Noel Butlin, Calgary
representing the Calgary area

Mr. Butlin, a native Calgarian, is an electrician. He was an active member of the International Brotherhood of Electrical Workers, holding several positions with the union, among them president and assistant business manager. He has served on several trade-related boards, including the Provincial Apprenticeship Board, the Master Electrician Examining Board (Alberta), and the Canadian Electrical Code Advisory Board. Mr. Butlin has been retired for several years now and is enjoying his retirement.



Richard Cherry, Edmonton
representing the Alberta Medical Association

Dr. Cherry obtained his medical education at McGill University and his post-graduate medical education at the University of Alberta. His specialty is family practice. He has been on the staff of the Faculty of Medicine, University of Alberta and was instrumental in developing the residency in family practice. He is currently the chief of medical staff of the Edmonton and Area Auxiliary Hospital and Nursing Home District #24, and is also the team physician for the Edmonton Eskimos, a position which he has held since 1970. Dr. Cherry is a member of the Alberta Medical Association Committee on Aging, the Alberta Geriatrics Society and the American Geriatrics Society. Dr. Cherry is also a Professor Emeritus.

Marilyn Daines, Innisfail
representing the Red Deer area

Mrs. Daines obtained her education at Red Deer College and has continued to take courses with a social and psychological focus. She has a background in business, but her interest in seniors developed through employment in an extended care centre. She worked as an assistant director of volunteers and recreation therapist. Currently, Mrs. Daines is a director of Region 7 of the Alberta Council on Aging. She is also a member of the Red Deer Community Action Group for Seniors and a director of the Red Deer Alberta Council on Aging.

Charlotte Germaniuk, Okotoks
representing the rural areas

Mrs. Germaniuk was a consultant for the Senior Citizens Secretariat prior to her appointment to the Seniors Advisory Council for Alberta as a rural representative. She has been involved in the piloting of the Foothills model of the Single Point of Entry. She is also a board member of the Foothills Health Unit and of the Calgary District Hospital Group.

Her background includes involvement in a family business, Executive Assistant to Mr. Harry Alger, former M.L.A. Highwood Constituency, and involvement in numerous community groups.

Neli Jackshaw, Edmonton
representing the Edmonton area

Mrs. Jackshaw retired in 1981 after a twenty-five year career with Alberta Social Services and Community Health. In May 1982 she was appointed to an interim board which was set up for the transfer of the Alberta Hospitals, Edmonton and Ponoka, to board status. At date of transfer, October 1, 1982, Mrs. Jackshaw was appointed Chairman of the Alberta Hospital (Edmonton) Board, a position she held until September 30, 1989. She has also been an active member of the Edmonton Regional Mental Health Council, the Edmonton Area Hospital Advisory Council and the Alberta Hospital Association, Edmonton Regional Council and presently sits on the board of directors for Child and Adolescent Services Edmonton.

Doreen Makarenko, Fairview
representing the Northern Alberta area

Mrs. Makarenko is a Registered Nurse, currently working for the Peace River Health Unit, as a Home Care nurse in the Fairview Area. She is Vice Chair of the Fairview Health Complex Board. Mrs. Makarenko has lived in Fairview for many years and for the last 21 years has worked with seniors.

Mary Norman, Stony Plain
representing the Edmonton area

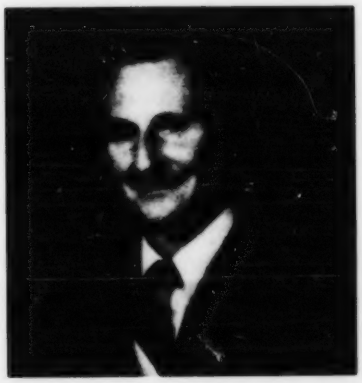
Mrs. Norman was employed by the Department of Agriculture for a number of years. For 22 years she was the administrator of the senior citizens' self-contained units and lodges in Drayton Valley and Stony Plain, and the secretary-manager of the Stony Plain Chamber of Commerce for 21 years. She is currently a member of the Chamber and is involved with the Stony Plain Legion, the Women's Institute and the Multicultural Heritage Centre. Mrs. Norman is currently involved in a number of volunteer services related to seniors. One of her major volunteer occupations is working with the older people who are residents of the nursing home in her community. Mrs. Norman represents the Advisory Council on the Inter-Agency Council convened by the Alberta Council on Aging.

Bette Purves, Calgary
representing the Calgary area

Ms. Purves has a B.Sc. in Home Economics from the University of Manitoba and has taught home economics, worked for the Manitoba and the federal governments, and a major Alberta utility. Ms. Purves has been involved in pre-retirement planning education and the seniors' health promotion program "Fully Alive," a project of the Alberta Council on Aging. She has been on the executive of several community organizations and is a past-president of the Alberta Home Economics Association and Calgary Meals-on-Wheels.

Donna Rose, Bassano
representing the Alberta Hospital Association

Mrs. Rose is serving her fourth term as a trustee of the Bassano General and Auxiliary Hospital and is vice-chairman of the board. She is a member of the Alberta Hospital Association board of directors and serves on several association committees. Currently she is chairman of the board of directors of the Community Resource Centre of Medicine Hat.



Kenneth Rudd, Leslieville
representing the rural areas

Mr. Rudd is a self-employed farmer who is interested and involved in his community. In the winter he is an avid curler, competing locally and regionally and in the summer he plays right field for the Leslieville Kodiaks Fastball Team. He has served six years on the executive of the Rocky Grazing Reserve Association, this year as president. Mr. Rudd is a member of the Rocky Mountain House Stampede Board, enjoying very much his involvement in the sport of rodeo. He is proud of our active seniors and keeps in touch through such local events as the Leslieville Antique Days, Eckville Town and Country Days and local celebrations at seniors' housing projects in surrounding towns. He has a strong interest in the days of horsepower and uses his team daily on the farm. Mr. Rudd's wife is a nurse employed with the home care program in their area.

Brendan Rule, Edmonton
representing the Universities

Dr. Brendan Rule is a Professor in the Department of Psychology, and Director for the Centre for Gerontology, University of Alberta. She teaches the psychology of aging. Her research concerns memory and cognitive changes in normal aging and age-related disorders, as well as the impact of the institutional physical environment on elderly residents' well being. Dr. Rule is chair of the section on psychological gerontology of the Canadian Psychological Association.

Lynne Sangster, Medicine Hat
representing the Medicine Hat area

Mrs. Sangster was recently re-elected to a second term as a trustee with the Medicine Hat Regional Hospital Board and serves on the Employee Relations Project, Patient Care Public Relations and By-laws committees. She is a member of the Alberta Hospital Association and Chairman of the Resolutions committee. She is also a member of the Medicine Hat Housing Authority and is a director for Region 12 of the Alberta Council on Aging. Mrs. Sangster has worked extensively with seniors as the assistant coordinator of the Veiner Centre and was responsible for the implementation of programs, counselling and networking and Meals on Wheels. In her last position as the administrative coordinator of Community Services, she was responsible for growth and assistance to community groups, and the Needs of the Elderly Committee. Mrs. Sangster is a life member of Beta Sigma Phi and a member of the Medicine Hat Business and Professional Women's Club.

Statement of Philosophy

This statement of philosophy, adopted in 1976 and revised in 1987, has formed the basis on which the Council has reviewed and made recommendations on policies and services relevant to older people.

The Council believes that old age should be a time of satisfaction and fulfillment.

While the later years of life may bring physical and social stress, the Council believes that these years can be a time of productivity, growth and self-realization.

Older persons have a responsibility to be as self-reliant as possible and contribute to the well being of society. Like persons of all ages, older persons should be able, within reason, to select their own lifestyles, influence and determine their futures, and have an opportunity for meaningful involvement. They should be able to enjoy a sense of security with appropriate health and social services, and be assured of financial and other resources that enable them to share in a rising standard of living.

To ensure that this philosophy is recognized and effective, three basic directions should form the foundation of government policy, services and their delivery:

1) involvement of senior citizens in the planning, development and assessment of services that affect them;

2) encouragement of continued participation in family and community life;

3) provision for maximum independence and choice.

The Council is convinced that it is in the interest of all people that the positive aspects of aging and old age be stressed through the provision of programs providing education on aging, both in educational institutions and in the community. Through programs and policies which encourage activity and contribution, senior citizens can continue to be a vital component of the social fabric of this province.

Principles

We, the Council, believe these principles are basic to the development of policies affecting seniors.

1. Uniqueness

Seniors, both individually and as members of a generation, are unique and have varying physical, economic and social needs. Policies and services for seniors need to reflect that uniqueness and provide for a sensitive blend of income and disability levels.

2. Self-direction

The vast majority of seniors, approximately 80 percent, are well and able to care for themselves. The role of Government should be to enhance their coping ability, enhance their competencies and support systems, and encourage their independence and interdependence.

3. Autonomy

Autonomy - the freedom to determine one's own actions and behaviour - is crucial to good morale and mental health in the later years of life. This should be a prime consideration in the planning and delivery of policies and programs for seniors.

4. Empowerment

Older people should be involved in planning policies and services which are relevant for them. Individuals should be encouraged to make choices and be involved in determining both what is needed and how it should be delivered. This means recognizing and accepting that seniors, like other adults, are capable of self-determination. It also means empowering them to define and solve their own problems.

5. Human Focus

Too often paternalism is reflected in programs planned and administered by a bureaucracy of experts. Policies and services should focus on the needs of older people, not on the needs of service agencies and bureaucracies.

6. Holistic approach

Seniors, like people of all ages, have physical, social, emotional and spiritual needs. For the small group of seniors in need of special assistance, it is important to provide help in an integrated and holistic fashion, whether in the community or in a facility. Neither the "social" nor the "medical" model is appropriate — we need an integrated model of service delivery.

7. Accountability

Local communities need to be involved in determining the range of programs and services for the seniors living in their areas. However, to ensure a consistent approach throughout the province and accountability for funding provided, the provincial government must establish basic guidelines to achieve greater equity in programs and the delivery of services.

8. Monitoring and Evaluation

Ongoing evaluation is necessary to address concerns about the cost effectiveness and benefits of programs and services to seniors.

Introduction

Changes in Council's Membership and Functions

During the past year, a number of organizational changes occurred. The name of the Council has been changed to the Seniors Advisory Council for Alberta. The Senior Citizens Secretariat has been replaced by the Services for Seniors Division in Alberta Family and Social Services.

The Council moved to new office facilities located on the fourth floor of the Energy Square Building, 10109-106 Street, Edmonton. The Council gained its own administrative staff, utilizing the expertise of former members of the Senior Citizens Secretariat. Barbara Armstrong is the Administrative Officer for the Council, Mary Engelmann is the Advisor on Seniors' Issues, and Wanda Cree is the Manager of Information Resources which includes the Seniors Information Line.

The Council assumed responsibility for several functions formerly carried out by the Senior Citizens Secretariat: the province-wide information service; publications; contacts with community organizations and services relating to seniors; and the small program of grants on aging.

During 1990, Robert Kernaghan and Iola Johnston completed their terms of service on the Council. We appreciated their contribution to our work. The following persons were appointed to the Council: Doreen Makarenko (representing the Northern Alberta area); Charlotte Germaniuk, Frank Appleby and Kenneth Rudd (rural representatives); Neli Jackshaw (representing the Edmonton area); and Brendan Rule, University of Alberta (representing the universities).

As can be seen from their biographies, members bring a variety of expertise and involvements to the work of the Council. The chairman is Tom Musgrove, MLA, Bow Valley constituency. The vice-chairman, Frank Appleby, represents Alberta on the National Advisory Council on Aging.

Alberta's Older Population: Now and in the Future

- **The senior population is growing in numbers with a greater proportion aged 85 and over.**

According to a June 1990 estimate by the Alberta Bureau of Statistics, there were 220,500 persons aged 65 and over in the province, representing 9 percent of the total population. This represents a considerable growth in numbers from the 1986 census figure of 191,300 (8.1 percent of the population).

By 2016 the senior population is expected to double, reaching 478,800 and making up 13.5 percent of the Alberta population.[1] It is believed that the senior population itself will "age" with persons aged 85 and over increasing from 8.5 percent to 11.8 percent of all seniors (Figure 1 and Table 1). It is interesting to note that in 1951 very old seniors were only 4 percent of the older population.

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[1] Series 6 projection, Alberta Bureau of Statistics, *Population Projections Alberta*, 1987 – 2016, May 1988. Series 6 projections are based on assumptions of medium growth. Council was advised by the Alberta Bureau of Statistics (telephone conversation on December 17, 1990) to use Series 6 projections.

Figure 1

Population Age 65+ and 85+, Alberta, 1966-1986 (Census), and 1996-2016 Projections*

*Projections are based on Series 6.

Source: 1966-1986: Statistics Canada. *The Nation*. Catalogue 93-101, September 1987; 1986-2016: Alberta Bureau of Statistics. *Population Projections Alberta, 1987-2016*, May 1988.

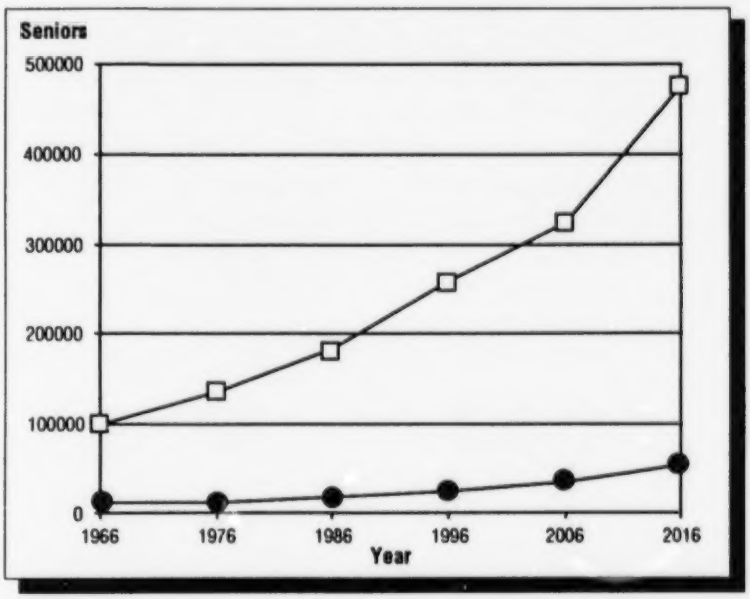


Table 1

Population Age 65+ and 85+ by Sex, Alberta, 1981-2016*

*Projections are based on Series 6.

Figures may not add up due to rounding.

Source: 1981 and 1986: Statistics Canada. *The Nation*. Catalogue 93-101, September 1987; 1996, 2006 and 2016: Alberta Bureau of Statistics. *Population Projections Alberta, 1987-2016*, May 1988.

	1981	1986	1996	2006	2016
Male 65+	74,250	84,140	113,200	143,700	221,600
Female 65+	89,145	107,190	145,300	179,700	257,200
Total 65+	**163,395**	**191,325**	**258,500**	**323,400**	**478,800**
Male 85+	5,515	5,745	9,000	10,000	24,100
Female 85+	8,665	10,625	18,400	24,100	32,300
Total 85+	**14,180**	**16,365**	**27,400**	**34,100**	**56,400**

Table 2 shows the projected growth rate of the various age groups in the Alberta population over the 30 year period between 1986 and 2016. Seniors are projected to grow at a rate of 150.3 percent while the growth rate of the population under age 65 will be only 41.2 percent. Figures 2A, 2B and 3 show the changes that will take place in the age and sex structure of the Alberta population.

Table 2
Projected Population Increase by Age Groups, Alberta, 1986-2016 Projections*

*Projections are based on Series 6.

Source: 1986: Statistics Canada. *The Nation*. Catalogue 93-101, September 1987; 2016: Alberta Bureau of Statistics. *Population Projections 1987-2016*, May 1988.

Age Groups	1986 Population in thousands (Census)	2016 Population in thousands (Projected)	Percentage Increase %
0-14	561.3	627.1	11.7
15-24	407.0	446.9	9.8
25-44	814.9	1048.9	28.7
45-64	391.1	946.4	142.0
65-84	175.0	422.4	141.4
85+	16.3	56.4	246.0
0-64	2174.3	3069.3	41.2
65+	191.3	478.8	150.3
Total Population	**2365.6**	**3548.1**	**50.0**

Figure 2A
Population by Age Group and Sex, Alberta, 1986

Source: Statistics Canada. *The Nation*. Catalogue 93-101, September 1987.

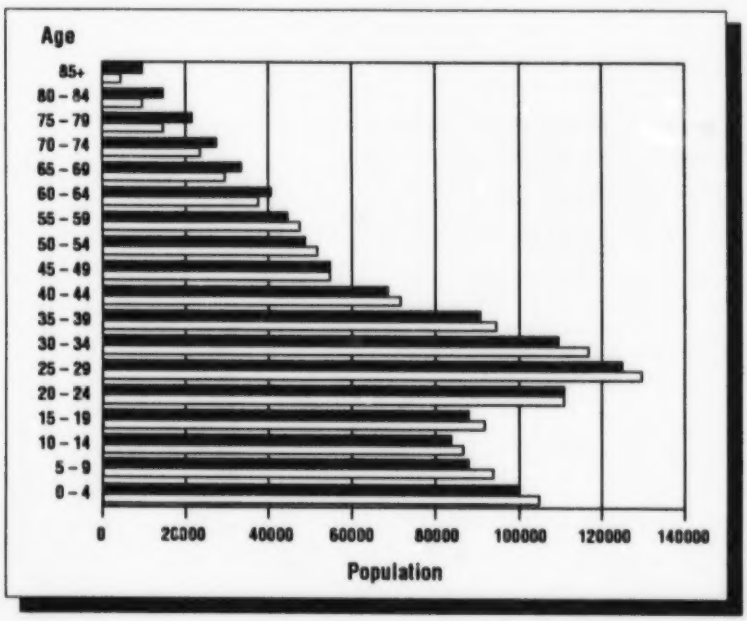


Figure 2B

Population by Age Group and Sex, Alberta, 2016 Projections*

*Projections are based on Series 6.

Source: Alberta Bureau of Statistics. *Population Projections Alberta, 1987-2016*, May 1988.

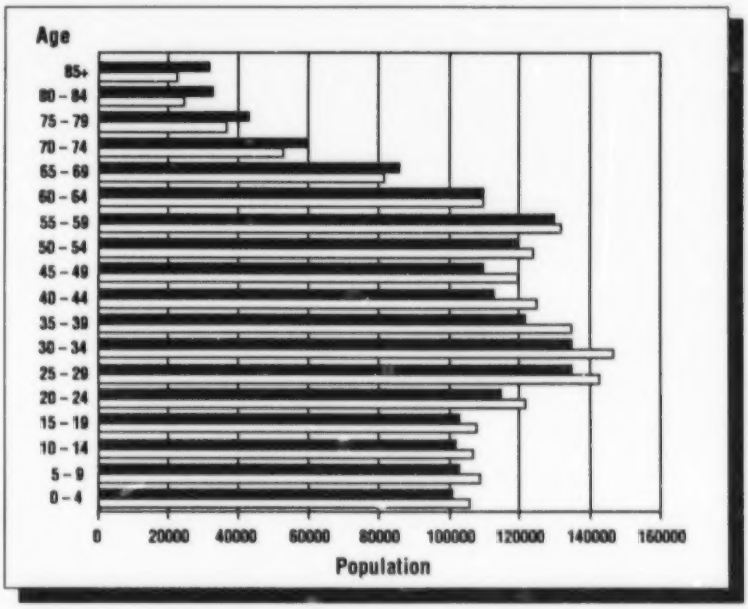
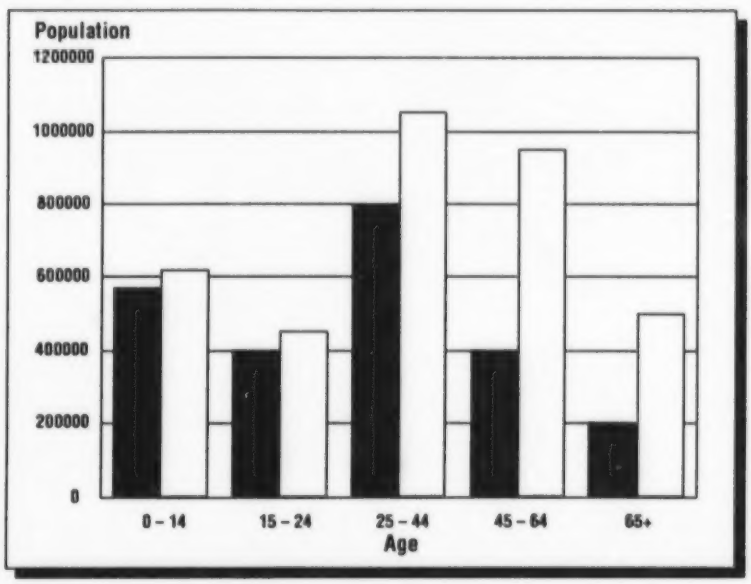


Figure 3

Population Distribution by Broad Age Group, Alberta, 1986 And 2016 Projections*

*Projections are based on Series 6.

Source: 1986: Statistics Canada. *The Nation*. Catalogue 93-101, September 1987; 2016: Alberta Bureau of Statistics. *Population Projections Alberta, 1987-2016*, May 1988.



- **There are more older women than older men.**

There are more older women than older men in the Alberta senior population; 56 percent of all seniors are women, and among those aged 85 and over there are almost twice as many women as men (Figure 4). The 1986 average life expectancy at birth was 73.2 years for males and 80.3 years for females. Figure 5 shows that, while the life expectancy difference is expected to narrow slightly, women will continue to have an advantage over men.

Figure 4

Ratio of Females to Males in Selected Age Groups, Alberta, 1986

Source: Statistics Canada. *The Nation*. Catalogue 93-101, September 1987.

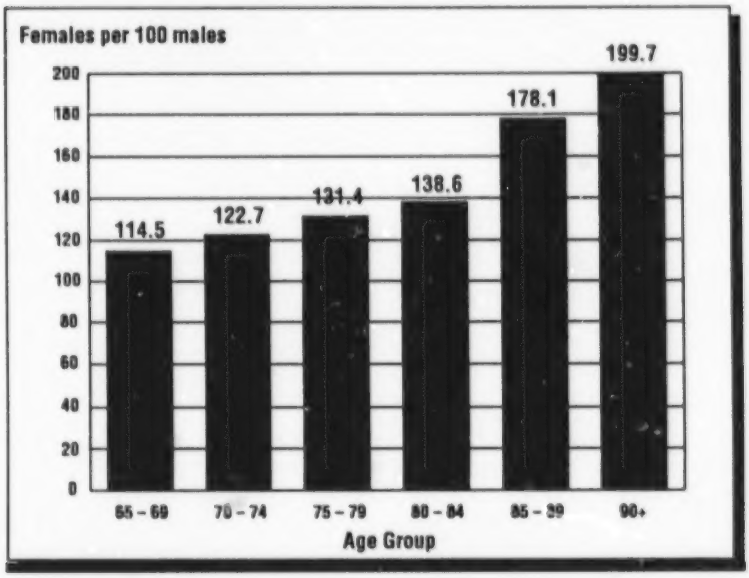
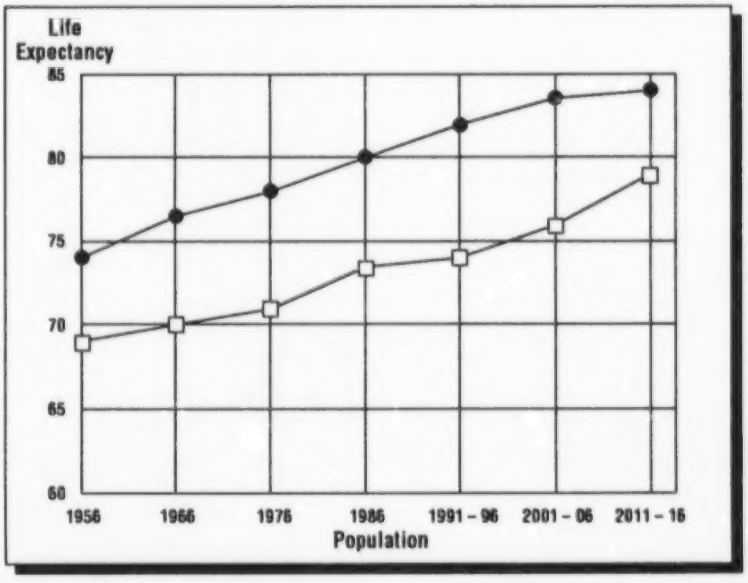


Figure 5

Life Expectancy at Birth for Males and Females, Alberta, 1956-1986 (Actual) and 1991-2016 Projections*

Source: Alberta Bureau of Statistics. *Population Projections Alberta, 1987-2016*, May 1988.



- **The majority of older Albertans live in family situations.**

The majority of older Albertans are living in family situations, most with a spouse and some with relatives or unrelated families.

There are age and sex differences; 70 percent of all men and 39 percent of all women are living with a spouse. More women than men are living alone. Slightly more than one-third (36 percent) of all older women are living alone. Among women aged 75 and over, 41 percent are living alone.

More women than men are living in "collective dwellings", a term used by the census for lodges, nursing homes, auxiliary hospitals. It also includes people staying in general and psychiatric hospitals for 6 months or longer. In 1986, 10 percent of Albertans aged 65 and over were in this type of living situation, a considerable drop from the 13.3 percent in 1971.

This change is probably due to the increase in income support for older people, the building of many subsidized apartments for seniors (offering a secure alternative in living arrangements) and the development of community support services, such as the Coordinated Home Care Program.

- **A small number of seniors are heavy users of health and social services.**

A small number of seniors, in 1986/87, used 40.6 percent of the patient days in general hospitals, and the vast majority of the services provided by home care, nursing homes and auxiliary hospitals.[2] A very gloomy future could be predicted with great increases in the cost of health and social services for the growing senior segment of our population.

However, the prediction of a gloomy future presumes that the senior population of the future will be the same as the seniors of today and that we will deliver services in the same way. Northcott in his 1990 paper, *Aging in Alberta: Rhetorics or Realities*, points out that a very small percentage of older people are the heavy users of health and social services, and that it is not population aging which is the problem. Economic trends, trends in the service delivery system and the vested interests of professionals and institutions (provider-initiated servicing patterns) are much more relevant factors to consider than the increasing proportion of older people in our population.[3]

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[2] Seniors Advisory Council for Alberta. *Older Albertans, 1988*. Edmonton, June 1989.

[3] Northcott, H. *Aging in Alberta: Rhetorics or Realities*. Department of Sociology, University of Alberta, Unpublished Paper, 1990.

- **The majority of seniors report excellent or good health, and the percentage of "well" seniors is increasing.**

In 1985, close to two-thirds of the seniors in Alberta reported that they had good or excellent health. Even among those aged 75 and over, 61 percent reported good or excellent health (Table 3). When asked about their ability to carry out selected activities, the majority, even among those aged 75 and over, said that they did or could carry out all activities alone (Table 4).

Table 3

Self-Rated Health Status of Seniors, Alberta, 1985

Source: Alberta Bureau of Statistics. *General Social Survey: Health and Social Support, 1985, Alberta.* Secondary Data Analysis of Statistics Canada Survey.

	Age 65-74 %	Age 75+ %	Total 65+ %
Excellent	24.4	12.1	16.6
Good	45.6	48.7	47.6
Fair	18.7	23.5	21.8
Poor	11.3	15.7	14.0
	100.0	100.0	100.0

Table 4

Population Age 65-74 and 75+ Ability to Carry Out Selected Activities, Alberta, 1985

Source: Alberta Bureau of Statistics. *General Social Survey, Health and Social Support, 1985, Alberta.* Secondary Data Analysis of Statistics Canada Survey.

Age 65-74	Do Alone %	Could Do Alone %	Needs Help %	Total %
Yard Work	32.6	31.2	36.3	100
Heavy Housework	40.6	38.2	21.2	100
Light Housework	65.7	28.8	5.5	100
Meal Preparation	54.4	39.3	6.3	100
Grocery Shopping	44.3	44.6	10.6	100
Money Management	82.4	13.0	4.5	100
Personal Care	98.3	0.4	1.2	100

Age 75+	Do Alone %	Could Do Alone %	Needs Help %	Total %
Yard Work	29.3	22.1	48.7	100
Heavy Housework	43.2	18.4	38.3	100
Light Housework	53.0	30.0	17.0	100
Meal Preparation	53.6	22.7	23.7	100
Grocery Shopping	35.0	34.5	30.5	100
Money Management	74.7	9.4	15.9	100
Personal Care	89.6	0.4	10.0	100

Among seniors, women were only slightly more likely than men to report only fair or poor health. While almost two-thirds of the health problems reported by seniors are reported by women, "because there are significantly more older women than older men, this does not necessarily imply that older women are less healthy than older men."[4]

According to demographers, there is a consistent and substantial trend toward better health among older people. Stone and Fletcher point out the improvement in the health practices of seniors.[5] McDaniel suggests that "older Canadians are becoming healthier, living longer, adjusting to their chronic illnesses better and finding new approaches to any long term care needs that arise."[6]

We should, however, be concerned about the strong relationship that exists between education and income levels and health. Lower income seniors and those with fewer years of schooling generally report lower levels of health.[7]

In view of this, the current trends being seen in the income and educational levels of seniors, described in the following paragraphs, have very positive implications for the future health and well being of seniors. Nevertheless, we remain concerned about lower income seniors and the future of women caught in the poverty trap.

- **Incomes and educational levels of seniors are increasing, although fairly large numbers of seniors still have low or moderate incomes only.**

There has been a steady decline in the percentage of Old Age Security (OAS) recipients[8] who receive income supplementation from the federal and provincial governments (from 57 percent in 1975 to 44 percent in 1989). In 1975, 23 percent of these seniors were receiving maximum income supplementation (meaning that they had reported that they had no income other than the OAS benefit). In 1989, only 7.1 percent were in this situation (Figure 6 and Table 5).

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[4] Health and Welfare Canada. *The Active Health Report on Seniors*. Catalogue No. H-39-124. Ottawa: Minister of Supply and Services, 1989, p. 6.

[5] Stone, L.O. and Fletcher, S. *The Seniors' Boom: Dramatic Increases in Longevity and Prospects for Better Health*. Catalogue No. 89-815. Ottawa: Minister of Supply and Services, 1986.

[6] McDaniel, S. *Canada's Aging Population*. Toronto: Butterworths, 1986.

[7] *Ibid.*; also Seniors Advisory Council for Alberta, *op. cit.*

[8] About 98 percent of Alberta's senior population, *Ibid.*

Figure 6

Number of Recipients of Old Age Security (OAS) and Guaranteed Income Supplement (GIS), Alberta, 1975-1989

Source: Health and Welfare Canada.

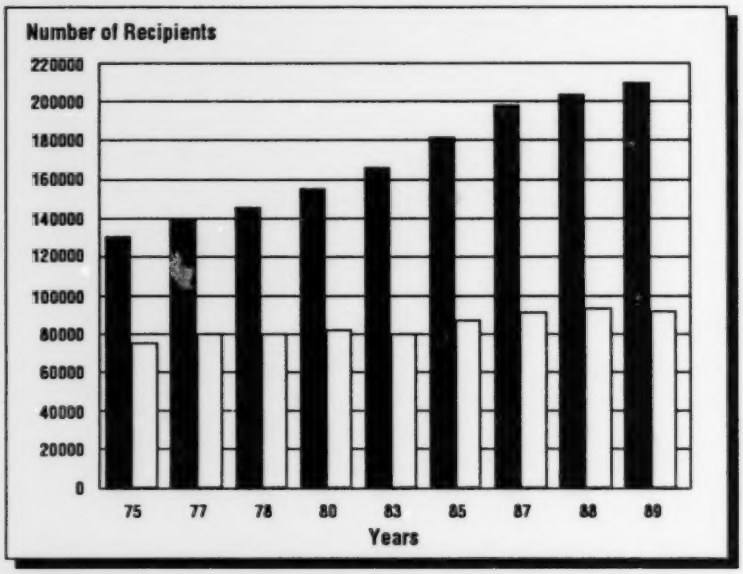

Table 5

Number of Recipients of Old Age Security (OAS), Guaranteed Income Supplement (GIS), Maximum Guaranteed Income Supplement and Percentage of Supplementation, Alberta, 1975-1989

Source: Health and Welfare Canada.

	OAS #	GIS #	GIS/OAS %	MAX/GIS #	MAX/GIS %
August 1975	130,868	74,864	57.2	29,810	22.8
December 1977	141,115	79,551	56.4	27,571	19.5
December 1978	145,709	79,514	54.6	26,043	17.9
December 1980	155,923	81,980	52.6	23,028	14.8
December 1983	166,951	80,067	48.0	18,330	11.0
December 1985	183,017	87,570	47.8	17,674	9.7
December 1987	197,661	91,603	46.3	16,627	8.4
December 1988	204,135	92,756	45.4	15,869	7.8
December 1989	211,316	92,731	43.9	15,129	7.1

Fairly large numbers of older people have only moderate incomes. In the 1986 Census, the sample of older persons living in the community showed that the median income (in 1985 dollars) was reported to be $16,481. As of October 1990, a single senior (widowed, divorced, separated, never married) was eligible for income supplementation if his/her taxable income, including Old Age Security, was less than $14,224.92 annually. The unofficial poverty line, according to the National Council on Welfare, in 1990 was $14,078 for one person living in a city with a population of 500,000 or over.[9] This would indicate that all single seniors in Edmonton and Calgary receiving income supplementation were, at that time, living close to or below the unofficial poverty line.

As Table 6 shows, younger seniors (those aged 65 to 74) had higher levels of education than seniors aged 75 and over.

Table 6

Level of Education for Population 65+, Alberta, 1986

Source: Statistics Canada. 1986 Census, 20 percent sample of persons 65 and over not living in collective dwellings.

	AGE		
	65-74	75+	Total 65+
	%	%	%
Some secondary or less	66	76	69
Secondary graduation	6	3	5
Some post-secondary or trades certificate	15	11	14
Post-secondary degree or diploma	8	6	8
University degree	5	3	4
	100	100	100

[9] Fire, S. "Where to draw the line on poverty". *Globe and Mail*. October 27, 1990.

- **The majority of seniors are, and will continue to be, active, contributing members of society.**

The aging of the population of Alberta should not be viewed as a problem. The majority of older people are, and will continue to be, active, contributing members of society. In Canada as a whole, 11 percent of the men and 17 percent of the women aged 65 to 69, and 7 percent of the men and 10 percent of the women aged 70 and over, work as volunteers.[10] Seniors contribute, in addition to their time, money to volunteer services and to younger family members.[11] Older people also are active in the political process, voting in greater proportions than younger people.[12] With their increasingly better (on average) health, education and income levels, their contributions will continue and even increase.

Council's 1990 Recommendations

The recommendations in this 1990 report to the Government of Alberta cover a range of concerns from retirement policies and income support to supportive and protective services for the small group of frail and disabled older people.

In preparing this report and recommendations, we have met with representatives of major organizations concerned with aging and older people. Their advice has been invaluable, as has the information we have gained from our community contacts and from our information service.

Council wishes to acknowledge the efforts of various government departments, and in particular Alberta Health, in translating past recommendations into policies, programs and services. Details on the initiatives being undertaken by Alberta Health are contained in a paper available from the Council's office.

The future challenge will be to enhance coping for all older persons. "Enhancing coping...must mean not just increasing access to institutional and other forms of care, but also enabling seniors to manage on their own, with their own personal resources."[13]

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[10]Novak, M. *Aging and Society: A Canadian Perspective*. Scarborough, Ont.: Nelson, 1988, p. 262.

[11]Stone, L.O. *Family and Friendship Ties Among Canada's Seniors*. Catalogue No. 89-508. Ottawa: Minister of Supply and Services, 1988, p. 40.

[12]Mishler, W. *Political Participation in Canada*. Toronto: Macmillan, 1979.

[13]Health and Welfare Canada, *op. cit.*, p. 23.

There is and will be a small proportion of seniors who are more at risk of developing problems and becoming in need of some assistance. We need to develop effective ways to meet the needs of these older people — ways that enhance their independence rather than creating dependence. What many of these older people need is "assisted independence."

The promotion of health and maintenance of wellness among seniors, in both community and institutional settings, can be achieved by shifting the policy and programming emphasis to focus on self-determination and empowerment. Persons in provincial and municipal government services, voluntary organizations, seniors themselves and seniors' organizations are all responsible for the development of policies reflecting this. We need to:

- change attitudes toward aging and older people;
- create more opportunities for meaningful involvement;
- prevent abuse and discrimination of seniors;
- ensure that funds for services are used efficiently and for the purpose and target groups for which they are intended.

Finally, and most importantly, we need to ensure that we are not contriving and imposing scores of specialized new programs without consulting those who will be affected.

Part I

Recommendations

Recommendations

Legislation

To the Premier and to the Associate Minister of Family and Social Services

Recommendation 1

The Council recommends that the Seniors Advisory Council for Alberta Act be introduced in the next session of the Legislative Assembly.

On February 22, 1989 the Premier promised that legislation for the Council would be enacted. The Associate Minister of Family and Social Services has indicated his support for a legislative base for the Council, and explained that legislation has been drafted and is now being reviewed in view of the redefining of the role of the Council. We are repeating this recommendation from our 1989 report because we believe a legislative base is most important if the Council is to continue to be an effective and responsible body. This recommendation is strongly supported by seniors' organizations and services. As one organization, the City of Edmonton Community and Family Services, wrote:

> A sound mandate and reporting relationship grounded in legislation, similar to that of the Premier's Council on the Status of Persons with Disabilities, would strengthen the ability of the Advisory Council to influence government policy and programs and raise the Advisory Council's profile in Alberta as an effective advocate for seniors.[14]

Education about Aging

To the Minister of Education

Recommendation 2

The Council recommends that education about aging be included in the school curriculum from the primary through the high school level.

We were particularly pleased with the April 24, 1990 memorandum from the Minister of Education to our Chairman that showed there are now a number of school programs "across grade level" that "do promote understanding of aging and respect for older people." Appendix A contains the memorandum from the Minister describing the programs for school children which have some information about aging and encourage the use of senior resource people in the classroom.

As was stressed during our contacts with seniors' groups, it is important that these efforts be promoted and increased. Therefore, we have repeated this recommendation from our 1989 report.

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[14]Letter to Tom Musgrove, MLA and Chairman, Seniors Advisory Council for Alberta, from John Lackey, General Manager, City of Edmonton Community and Family Services, dated August 2, 1990.

To the Ministers of Advanced Education, Health and Family and Social Services

Recommendation 3

The Council recommends that programs of community groups and post-secondary educational institutions include education about aging for the general public.

This recommendation is repeated from our 1989 report. All organizations with which we had contact stressed that this recommendation is most important and that it should be repeated.

An understanding of aging and of the real, rather than the perceived, needs of senior people is necessary to ensure that programs and services are effective. The more that people understand their own aging, the more effectively they can cope with the changes aging may bring.

The surveys we conducted in late 1989 show that a number of such educational programs are underway, primarily through health units, in Alberta communities. Such programs need to be encouraged and strengthened.

To the Minister of Advanced Education

Recommendation 4

The Council recommends that post-secondary institutions include education about aging at the undergraduate and graduate professional levels, and that core courses in gerontology be mandatory for health professionals.

Between our first survey in 1985 and our second survey in 1989, there has been an increase in post-secondary educational course offerings on aging. There are now four certificate programs in gerontology: two at universities and two at community colleges, the latter related to nursing and health. A paper describing the results of these surveys is available from the Council's office.

There appears to be a need for greater coordination and the sharing of resources among post-secondary educational institutions. There is also a need for a greater emphasis on gerontological education for health professionals (physicians, nurses, social workers, rehabilitation therapists, psychologists, recreation therapists, pharmacists). Gerontological education for health professionals must be actively promoted. We suggest the development of core courses in gerontology in which various professionals study together. In that way, the concept of team work among professionals may be nurtured.

In view of our concern about the need for education about aging in the school curriculum, we would hope that the education of teachers would include information on aging. This requires action within the Faculties of Education.

A research paper examining the promotion of independence and contributors to the loss of independence among seniors recommends:

> the promotion of education — of the elderly themselves, their family members, and members of the health and social service professions — as a mechanism for providing knowledge and fostering attitudes conducive to the maintenance of independence.[15]

[15] Matthews, A.M. and Shipsides, A. *Contributors to the Loss of Independence and the Promotion of Independence Among Seniors.* Prepared for the Seniors Independence Research Program, Community Health Division, Health and Welfare Canada, 1989, p. 100.

Retirement Policy

To the Ministers of Labour and Advanced Education

Recommendation 5

The Council recommends that the concept of retirement options, such as gradual and flexible retirement, be promoted in pre-retirement planning directed both at employers and employees, and that the provincial government take leadership in initiating some of these changes within its own service.

Historically, retirement policy has been, and often still is, inflexible and arbitrary, usually based on a set age of 65. Creating retirement options would make for more satisfying years of retirement. Retirement could be related to individual needs, including health, pension income, desire and ability to work. A suitable arrangement of timing and method of retirement is as important to satisfaction in later life as are adequate planning, income and good health.

The Council is suggesting the introduction of retirement policy options, including flexible and gradual retirement. Flexible retirement means that the individual retires completely from employment, but the age at which this is done is determined for each individual. Gradual retirement means that the individual moves from full employment, with decreasing amounts of work each year until full retirement. These options, as well as other possibilities, are discussed in Appendix B.

It would be beneficial to introduce policies that encourage part-time employment and/or temporary employment for older individuals who find work satisfying. With the prediction of a decreasing labour force and an increasing retired group, it seems prudent to take advantage of those older persons who want, and are able, to continue working.

It is gratifying that, as the Minister of Labour wrote, on April 24, 1990, in response to our 1989 recommendation regarding retirement policies:

> Alberta's Employment Standards Code provides employees and employers the necessary flexibility to promote, initiate and institute a variety of alternate work arrangements. These can include, for example, part-time employment, job sharing, flex-time systems and home based employment.

We urge that these arrangements be encouraged and promoted for people who are retiring and wish to have some continued work involvement.

Pensions and Income Support

To the Ministers of Family and Social Services, Labour, and Federal and Intergovernmental Affairs

Recommendation 6

The Council recommends:

That the Government consider an extension of the Alberta Widows' Pension program to other low income groups;

That the Government, in negotiations concerning the Canada Pension Plan, continue to work toward improvements to ensure an increase in future benefits from the plan;

That the Government encourage the private pension sector to become more active so that private pension plans become more available and effective;

That the Government examine ways to ensure that part-time workers be participants in pension plans, regardless of the number of hours employed;

That the Government recommend that tax credits, rather than tax deductions, be given for contributions to registered retirement savings plans.

The need to review eligibility for the Alberta Widows' Pension Program was raised at two community forums on Women and Aging held in the fall of 1989. This concern has been raised again in discussions with organizations of older people. At present, low-income people between the ages of 55 through 64 are eligible for this assistance only if they are widowed. The Council suggests that consideration be given to extending these benefits to other low income persons aged 55 through 64.

The Canada Pension Plan, along with the Quebec Pension Plan, is the one universal pension plan which covers all employed persons. For many Canadians, it is the only pension plan they have. It is therefore essential that the Plan be sound and benefits from it be increased so they more adequately replace an average working wage.

At the same time individuals themselves have a responsibility to add to their benefits through additional private (employer) pension plans and savings such as Registered Retirement Savings Plans. As of 1989, only 41.4 percent of employed paid workers in Alberta had pension coverage in addition to Canada Pension. Table 7 shows that there was a very slight drop in this percentage in Alberta between 1980 and 1989. Currently, few private pension plans have benefits indexed to protect their purchasing power.[16]

Table 7

Percentage of Employed Paid Workers in the Labour Force Covered by Pension Plans, in Canada and in Alberta, 1980-1989

Year	Alberta %	Canada %
1980	42.5	47.7
1982	40.9	46.5
1984	45.4	47.0
1986	43.6	45.7
1988	41.3	44.9
1989	41.4	44.6

Source: Statistics Canada. *Pension Plans in Canada.* Supplement to Publication No. 74-401, July 1990.

We ask that continued efforts be made to increase pension plan coverage, including coverage for part-time workers, many of whom are women.

The Council suggests that giving tax credits instead of tax deductions would encourage and assist lower income wage earners to contribute to retirement savings plans. This way, more individuals would commit a percentage of their incomes toward retirement incomes and begin this commitment at an earlier age.

We were pleased to learn from the Minister of Labour, in an April 24, 1990 memorandum to our chairman, that:

> the Employment Pensions Branch, Alberta Labour, currently assists employers and employee groups in understanding pension plans and pension legislation, and offers alternatives and suggestions in plan design. Through these activities and other communication activities, the Branch works toward the establishment, improvement and maintenance of pension plans for Alberta employees.

We were also pleased to learn that, as the Minister wrote in the memorandum, one of the initia-

[16]Roseman, E. "How to Build a Bigger Nest Egg." *Globe and Mail.* August 31, 1990.

tives of the Alberta Plan for Action for Women is "to establish a mechanism to investigate pension options that would assist women to save for retirement. The feasibility of homemaker pensions will also be evaluated as part of this initiative."

Health Promotion

To the Minister of Health

Recommendation 7

The Council recommends the development of active health promotion programs for seniors in both community and institutional settings.

We are pleased with the three pilot projects in seniors' wellness being conducted by the Chinook and South Peace Health Units and the Edmonton Board of Health. We are pleased that, as the Minister of Health indicated in her memorandum of April 25, 1990 in response to our 1989 recommendation, the projects are being evaluated. A Steering Committee, which includes a representative from a seniors' organization as well as a staff member from Council, has been appointed to oversee the evaluation.

We believe that health promotion programs should continue to be developed, and that such programs should become part of institutional, as well as community, services. We need to develop a more holistic approach to health and promote and maintain the physical, mental, spiritual and social health of older people living in the community and, as well, of older people living in long term care facilities.

Support for health promotion and illness/injury prevention was the first recommendation in the Rainbow Report, the final report of the Premier's Commission on Future Health Care for Albertans.

To the Minister of Health

Recommendation 8

The Council recommends that an emphasis be placed in educational programs for health professionals and for the general public on the use of medications and other drugs by older people.

As one of the goals for health promotion measures, the Rainbow Report states "significant reductions in inappropriate drug prescriptions for the older population.[17] It is of further interest that a major review of factors contributing to the loss of independence in the elderly stated in its recommendation:

> The findings of this review support recommendations for education....In particular educational interventions concerning drug and medication use are recommended as having potential to produce measurable behavioural improvements among the elderly.[18]

To assist with achieving the goal of reducing inappropriate drug prescriptions, our Council and the Alberta Association on Gerontology will be sponsoring four community forums on drugs and the elderly, "Energize, Don't Tranquilize," in March 1991 (see Part II for further details).

Furthermore, the Alberta Alcohol and Drug Abuse Commission has developed a "prevention" package containing much information about medication use which can be used in a variety of educational programs.

However, much more emphasis needs to be given to this area of concern. The use and misuse of medications by older people results in much trauma and often unnecessary hospitalization and even institutionalization. Older people, as well as health care professionals, need further information, if we are to begin to achieve the objective stated in the Rainbow report.

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[17]Premier's Commission on Future Health Care for Albertans. *The Rainbow Report: Our Vision for Health.* Final Report, Vol. II, December, 1989, p. 86.

[18]Matthews, *op. cit.*, p. 100.

Life Enrichment

To the Minister of Family and Social Services

Recommendation 9

The Council recommends that the Minister examine ways to provide more secure funding for senior citizens centres in Alberta.

We are repeating this recommendation from the 1989 report because of the very strong support it received from the organizations and individuals with whom we spoke. All felt that senior centres, as well as creating opportunities for recreation, education and volunteerism for older people, also provide a variety of important support services. In addition to social support, the centres (in particular, the larger ones) offer services: for example, information; counselling; volunteer and job placement; meals; housing assistance; health maintenance and outreach services. As was emphasized to us in discussions with community agencies, these services are important in preventing illness and maintaining the health and morale of older people.

Senior centres are almost all operated by organizations of older people, using senior volunteer help and raising a large share of their funding. Their main source of public funding is Family and Community Support Services (FCSS), a joint effort of Alberta Family and Social Services and municipalities. FCSS funding also supports some other services: for example, information services; chore services; and additional outreach services, provided by other local organizations.

As the responses to the 1989 recommendation from the Ministers of Health and Municipal Affairs pointed out, decisions about funding are a local responsibility. We, therefore, can only ask that the need for these important services be recognized and continued emphasis placed on their development. As a municipal Family and Community Support Services director wrote in her response to the 1989 recommendation:

> ... our senior's centre is financially dependent on very limited, and diminishing, FCSS funding and so your seventh recommendation touches my heart. Our senior's centre not only provides recreational and social contact for many lonely people, it also houses a Senior's Information Resource Centre, and sponsors an outreach program to seniors less able to get about. It is wrong that these vital services should be questioned, as I struggle to find money for suicidal youth, Home Support, and Counselling services.[19] This quotation emphasizes the importance of promoting interdependence as well as independence. The maintenance of social skills and the opportunity for social contact enhances the quality of life of older people.

Council wishes to express appreciation to the Minister of Recreation and Parks for the work which his department and municipal recreation departments are doing with older people (outlined in a memorandum to our chairman, dated June 15, 1990): training leaders in older adult fitness; providing resource materials on fitness; and continuing support for the Alberta Senior Citizens Sport and Recreation Association and the Alberta Senior Games. It is hoped that the Minister continues to ensure his department recognize the importance of emphasizing fitness, sport, recreation and leisure in the lives of retired persons.

[19] Letter to Tom Musgrove, MLA and Chairman, Seniors Advisory Council for Alberta, from Janet Meddings, Director, Family and Community Support Services, City of Fort Saskatchewan, dated July 30, 1990.

Housing

To the Minister of Municipal Affairs

Recommendation 10

The Council recommends:

That the Seniors' Emergency Medical Alert Program for lower income older persons be carefully evaluated after a two year period of operation to determine its usage and validity;

That a wide range of housing options be available for older people;

That all staff/managers of seniors' residences have training regarding programs on aging and work with older people;

That consideration be given to reviewing the charges for accommodation in lodges, with a view toward an increase;

That lodges become part of the single point of entry;

That the development of housing for seniors (apartments and lodges) by non-profit and profit organizations for middle-income seniors and cooperative housing projects for seniors be encouraged.

During the past year, Council included these recommendations in a brief submitted to the Social Housing Review by Alberta Municipal Affairs. A summary of the brief is contained in Appendix C.

Because older people are varied in their interests, health, educational and financial status, cultural background (to mention a few of the differences), it is essential that a range of options in housing be available to them, from independent living in one's own home or apartment to housing with support services and lodges (see Appendix C for details).

Council believes that safe, adequate and affordable housing is crucial for the well-being of older people. With a supportive environment many older people, even those with frailties and disabilities, can live in "assisted independence." Design, location and management (if the housing is special housing for seniors) are important considerations.

Council believes that the need for more subsidized housing for seniors could be lessened by involving voluntary, non-profit and profit agencies in the provision of housing for older people, in particular for middle-income older people, and by encouraging the development of seniors' cooperative housing.

Housing for seniors provides both shelter and a social environment. Those who plan and manage such housing must work closely with those planning and managing other services for seniors.

We urge the Government of Alberta to ensure that older people are consulted and involved in the planning and design of all housing programs and services for seniors. Seniors should also, in some instances, be involved in the management of programs (housing projects) and in their evaluation.

Planning for housing in retirement years is important, and we need to encourage alternatives to government subsidized programs. The real, not the perceived, needs of older people must be monitored for needs are changing, and programs must be evaluated in relation to these changing needs.

Older Natives

To the Associate Minister of Family and Social Services and to the Minister Responsible for Native Affairs

Recommendation 11

The Council recommends that its work to determine the social and health needs of Native seniors be supported.

Older Natives appear to have many health, housing and social needs and concerns, as detailed in Appendix D. Council would like to conduct a small survey to obtain further information about the situation of older Natives living both on and off reserves and on Metis Settlements. Such a survey would provide basic information and help us understand the needs of older Natives as they perceive them.

With this information, and with the assistance of older Natives themselves, we can make relevant recommendations to the Government of Alberta and share the information with Bands, Settlements and municipalities who have responsibility for services.

Continuing (Long Term) Care

To the Minister of Health

Recommendation 12

The Council recommends continued support and promotion of the single point of entry for continuing (long term) care services.

An identified point of access for services (a single point of entry) is essential to reduce confusion for older people and their families. It also reduces and helps to eliminate much of the duplication that bedevils the present services, and leads to greater cost effectiveness by helping to ensure that appropriate services are provided.

Of most importance, the single point of entry helps to ensure a focus on older persons and their specific needs rather than on the needs of the service agencies. By having the home care program as the initial point of access, no persons will be admitted to facility-based services without consideration being first given to the use of community care services and the involvement of older persons in decisions made about their lives. An emphasis on case coordination — assisting an older person to develop a plan and arrange a package of services — is necessary and most appreciated.

To the Minister of Health

Recommendation 13

The Council recommends the continued expansion of the home care program with an increased emphasis on non-medical support services, such as counselling, homemaker and chore services, and personal care help.

Council is pleased that the Minister, in her response to the above recommendation in the 1989 report, indicated that her Department recognizes the importance of these services. However, we are repeating the recommendation because an expansion of these services is essential if we are serious about retarding the institutionalization of Alberta's older population. Seniors' organizations stress the importance of expansion, and have pointed out the importance of the availability of social work consultation to the home care program. It is interesting that one FCSS program, in responding to the 1989 report, indicated that home care should fund all non-medical support services such as homemaker and chore services for older people so that scarce FCSS dollars would be available for extension of these services to others who do not qualify for home care.

Currently, an institution has much more in the way of public dollars to care for an individual disabled person than does the home care program. Only through developing a system, closely related to the institutional classification system, will we begin to see real equity between community and institutional care. We were pleased to learn that the Department established a committee to begin discussions on the possibility of developing a home care client classification system.

The Minister indicated that the Department is reviewing the issue of direct funding for home care clients. Council recommended a pilot project in this in the 1989 report. Direct funding was also recommended in the Rainbow report and in the Action Plan of the Premier's Council on the Status of Persons with Disabilities. Our comments on these reports are contained in Appendix E and Appendix F.

It is gratifying that the Department is working to integrate mental health services with other services for the elderly (a recommendation in our 1989 report), and is developing regional services to assist nursing homes and auxiliary hospitals with the care of residents with mental health problems. Our comments on the Department's discussion paper on the mental health needs of the elderly are contained in Appendix G.

Collaboration

To the Minister of Health

Recommendation 14

The Council recommends that Alberta Health organize workshops to discuss strategies to improve communication and collaboration among those delivering services to seniors.

Council is concerned about the lack of cooperation between and within community and institutional services. This results in duplication of efforts and, at times, a waste of human and financial resources.

While we recognize that there is improved communication and coordination as the result of the single point of entry, we propose that workshops be held to develop strategies aimed at overcoming the prevalent problem of lack of communication. We see these workshops bringing together both staff and board members from different services in a community, and leading to greater understanding and appreciation. Alberta Health could work with other

related departments, the Health Unit Association of Alberta, the Family and Community Support Services Association and the Alberta Hospital Association in planning and organizing these community workshops. Council would be pleased to assist.

Grants on Aging

To the Associate Minister of Family and Social Services

Recommendation 15

The Council recommends:

That no changes in the budget of the grant fund of the Seniors Advisory Council for Alberta be made without prior review and approval of the full Council;

That all applications for funding from the grant fund be reviewed by the grants committee of the Council and then presented to the full Council for recommendation to the associate minister;

That the grant provided to the Alberta Council on aging for its basic operating costs be reviewed by the grants committee and presented to the full Council prior to any changes being made in the amount;

That all the remaining grant funds be used for special projects and/or education grants.

The Council wishes to ensure that the grant funds continue to be available to community organizations providing service for older people and also used for education on aging.

In the past, the temporary grants provided by the Council have stimulated and promoted the development of many innovative ways of helping older people: for example, to develop outreach services for frail and isolated older people and to develop a retirement registry at a senior centre. The grants have also been used to fund educational workshops and, for example, to assist with the development of educational materials related to aging and seniors.

The Council believes that, as it is aware of the needs of the senior community and those providing service to it, no changes should be made in the budget for these funds without the Council having an opportunity to review and comment.

Part II

Review of Council's Activities During 1990

Review of Council's Activities During 1990

In spite of a delayed start on our activities due to the change in our name, our terms of reference and our functions, we were able to carry out a number of activities this year.

Information Service

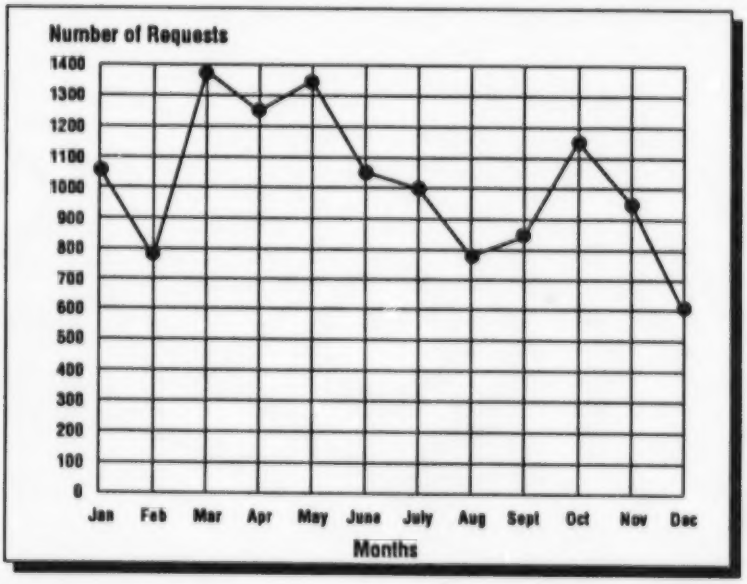
The Council is now responsible for the province-wide information service for older people. This responsibility involves responding to telephone calls and letters and, on occasion, in-person interviews. We provide information about aging, programming and benefits and services for older people.

Telephone calls are received through the Government of Alberta telephone system (RITE) and the toll free Seniors Information Line 1-800-642-3853. The majority of information requests address the need for general information about programs and services for seniors, followed by questions about pensions. There were, in all, 12,173 requests for information (recorded) during 1990, close to half of which came from seniors (see Figure 7).

During this year we cooperated with Alberta Health in its "Home Is Where the Heart Is" media campaign to inform seniors about community services. Our toll free number was advertised as a source of information and a distribution source for the brochure, which was part of this campaign.

In addition to responding to requests for information, it is necessary for the Council to stay up to date on all types of information relating to the elderly — government and community programs, workshops and seminars, reports, and so forth. In connection with this, our information service includes a small collection of resource materials.

Figure 7
Information Requests, Seniors Advisory Council for Alberta, 1990



The operation of the information service helps ensure that we have a good knowledge base for our recommendations. First, we must know and understand policies and programs affecting seniors and current developments in aging. Secondly, through this service, we learn directly of the concerns of many older people and of those working with them. This knowledge helps us make relevant and effective recommendations to the Government of Alberta.

Publications

One major publication of 1990 was the booklet, *Programs for Seniors*, which contained detailed information about seniors' benefits and services. We also prepared a brochure, *Highlights of Programs for Seniors*, which was translated into Ukrainian, German, French and Chinese and, like the booklet, was widely distributed.

Our four page newsletter, the *Fact Sheet*, was published five times, and 4,200 copies of each issue were distributed. The *Fact Sheet* contained information on benefits and services, reports, conferences and workshops and current activities related to seniors.

Other 1990 publications included:

"Survey of Educational Programs about Aging"; this paper is based on two surveys in Alberta conducted by the Council, one on community programs and one on courses in post-secondary educational institutions related to aging;

"Proceedings of the Women and Aging Community Forums";

"Alberta's Aging Population: Trends and Implications" (updated March 1990);

"Abstracts of Research Studies"; and

"Resource Papers, 1990" (this is a list of papers published by Council).

Grants on Aging

The Seniors Advisory Council has a small fund for provision of grants on aging. During the calendar year 1990, grants totalling $166,420 were provided to the following organizations and individuals:

- To the Alberta Council on Aging: to underwrite part of the expenses in connection with a workshop for information workers - volunteers and paid workers involved in providing information services to older people in various Alberta communities. This workshop was co-sponsored with our Council;
- To the Alberta Council on Aging: to underwrite part of its annual administration costs;
- To the Alberta Council on Aging: to cover partial expenses for ten seniors representing regional forums attending the annual provincial forum on aging;
- To the Alberta Association on Gerontology: to underwrite some of the expenses for its annual conference and educational meeting — "Collaborating into the 1990s";
- To the Alberta Association on Gerontology: to assist with some of the expenses in connection with four community forums on drugs and the elderly, planned for March 1991. These forums are being co-sponsored with our Council;
- To the Sunshine Trail Society of Medicine Hat: to cover some of the costs in connection with the 1990 Southeastern Alberta Gerontology conference which focused on work with families and older people;
- To the Brooks Hospital Volunteer Society: to cover expenses in connection with an interdisciplinary conference on gerontology;

- To the Canadian National Institute for the Blind: to cover partial expenses for the printing and distribution of a client services handbook, which is used by visually-impaired older people;
- To Professor Norah Keating and Brenda Munro of the University of Alberta Faculty of Home Economics: to conduct a study on the retirement of self-employed workers and Alberta farmers, focusing on intergenerational relationships; and
- To Professor Janice Morse of the University of Alberta Faculty of Nursing: to conduct a study of communication between patients in a long term care facility, and the nature and type of interaction, communication and support.

Forums and Workshops

Our Seminars Committee organized and held two workshops in 1990, and made plans for two workshops and four community forums in 1991.

Held in 1990:

- workshops for constituency and legislature secretaries, September 13, 1990; and
- a two-day workshop for information workers with seniors, co-sponsored with the Alberta Council on Aging, and attended by approximately 80 persons working with seniors in Alberta communities.

Planned for 1991:

- A workshop on Alzheimer's Disease in cooperation with the Alzheimer Society for Lethbridge and area, on January 23, 1991 in Lethbridge;
- A workshop on Alzheimer's Disease in cooperation with the University of Alberta Centre for Gerontology, on February 25, 1991 in Edmonton; and
- Community forums, co-sponsored with the Alberta Association on Gerontology, focusing on drugs and the elderly ("Energize, Don't Tranquilize") in four Alberta cities — March 7: Medicine Hat; March 14: Grande Prairie; March 21: Calgary; March 25: Edmonton. The Alberta Alcohol and Drug Abuse Commission and the Alberta Pharmaceutical Association are assisting with the planning of these forums; financial resources will be provided by the Alberta Alcohol and Drug Abuse Commission for the printing of the proceedings.

Visits with Seniors' Organizations and Services

The chairman and Honourable Roy Brassard, the Associate Minister of Family and Social Services met with representatives of eight organizations working with seniors. Council members visited seniors' organizations and services in their regions and attended and/or spoke at a number of information fairs and workshops. The annual report committee met with representatives of major seniors' organizations. The Council's chairman and one Council member attended the annual meeting and conference of the Canadian Association on Gerontology. One Council member attended a provincial conference on housing. Several other Council members and staff attended the annual meeting and conference of the Alberta Council on Aging - a provincial organization of seniors, and two attended the annual conference of the Alberta Association on Gerontology.

and seniors' groups. As can be noted from the biographies, several members serve on boards of seniors' organizations and boards operating services used by seniors.

Council now has a display. The display was available, along with publications, at a number of information fairs, workshops and conferences, usually with a Council member in attendance.

Senior Citizens Week

Senior Citizens Week was held from June 3rd through the 9th. The theme was "Seniors, a Strength of Alberta." Posters, along with letters announcing the Week and information about suggested activities, were distributed widely by the Council. A small gathering was held at the Legislature Building, at which time the Associate Minister of Family and Social Services spoke.

Several Council members organized activities in their areas, and made special efforts to attend local Senior Citizens Week activities.

The Senior Citizens Week Committee is currently planning the 1991 Week.

External Committee Involvement Related to Government

Council members and/or staff are involved with the following committees:

National Advisory Council on Aging: the vice-chairman of our Council is the Alberta representative;

Alberta Health Long Term Care Liaison Committee: one member and one staff person;

Alberta Health Steering Committee for the Continuing Care Act: one staff person;

Alberta Health Advisory Committee for the Evaluation of the Seniors' Wellness Projects: one staff person;

Alberta Health Steering Committee on mental health and the elderly: one staff person;

Interdepartmental Committee on Long Term Care: one staff person;

Interdepartmental Coordinating Committee on Senior Citizens: one staff person.

Briefs and Comments Prepared in 1990

Brief to the Social Housing Review, Alberta Municipal Affairs (Appendix D).

Response to the Rainbow Report (Appendix E).

Response to the Action Plan of the Premier's Council on the Status of Persons with Disabilities (Appendix F).

Comments on the Alberta Health discussion paper "Mental Health Needs of the Elderly" (Appendix G).

Appendices

Appendix A:

Memorandum from the Honourable Jim Dinning, Minister of Education

To Tom Musgrove, MLA, Bow Valley, Chairman, Seniors Advisory Council For Alberta

April 24, 1990

Subject: 1989 Provincial Senior Citizens Advisory Council Annual Report

I'm pleased to respond to recommendation 5 of the 1989 Report of the Provincial Senior Citizens Advisory Council.

School programs across the grade levels do promote understanding of aging and respect for older people. For example, Theme II of the compulsory elementary and junior high school health programs focuses on "Relating to Others," and includes some specific references to senior citizens such as grandparents and other senior members of the community. At the grade 9 level, a theme on "Body Knowledge and Care" addresses life cycle stages, including the senior years. The resources for the health program in grades 1 to 9 portray extended families, involving people of all ages, and contain other references to, or illustrations of persons, in a broad range of ages.

All students who entered grade 10 in September 1988 or after must complete the new career and life management course (CALM 20). This course has a major theme on "Relationships" and examines how relationships are developed and maintained at various stages of the life cycle and across age groups.

A complementary or optional course for senior high school students, Personal Living Skills 20, includes a module titled the "Senior Side of Living." The module helps students to understand the aging process, the lifestyles of the aged, and how senior citizens enrich community life.

We also review programs and resources, in all subject areas, to ensure that they foster tolerance, understanding and respect for individuals and groups; convey that human achievement may be found in different ways in all human groups; provide strategies to assist teachers in dealing positively with understanding and respect for others; and promote critical thinking and its application in judging people and their actions. The tolerance and understanding guidelines used for these reviews have specific references to the positive portrayal of people of all ages.

The use of community resource people, such as guest speakers, is encouraged in the health, career and life management, social studies and other programs. In 1985, Alberta Education distributed a monograph on promoting tolerance and respect for diversity to all schools in Alberta. Some of the activities suggested include inviting senior citizens as classroom visitors and guest speakers. Schools also send students into senior citizens' homes as part of work study or work experience programs.

The secondary education policy (1988) called for more community involvement in school programs, and this is reflected in the materials we are preparing for students and teachers. For example, a new optional ethics course for grade 8 students has a major section on the community, community partnerships, and developing respect, tolerance and understanding for all members of the community (please see enclosure). You may also be interested in the attached excerpt from the 1989 resource manual for the revised elementary social studies program.

Many schools do invite senior citizens to participate in school programs and I hope that you will encourage the Council to promote the continued involvement of Alberta's senior people in these cooperative efforts.

Thank you for passing along the report and giving me a chance to comment on how school programs promote knowledge of and respect for senior citizens.

Jim Dinning

Note: the resource manual has many suggestions for how community people can be involved as guest speakers in class sessions. The Ethics course material is designed to help students look at things from the perspective of someone in a wheel chair, in a senior citizens' home, and to encourage students to visit an institution in their community to learn about the goals pursued and programs offered.

Appendix B:

Discussion of Options in Retirement Policy

This brief paper is based on material which appeared in earlier Council reports.

Various options for retirement policy are discussed with particular emphasis and consideration being given to two options — flexible retirement and gradual retirement.

We recognize that the practice of retirement is evolving; it has changed and is still changing. While retirement is commonly associated with old age, it would be a mistake to equate retirement with old age. For the purposes of this discussion we define retirement as the cessation of remunerative full time employment with income then being derived from other sources, such as a pension, savings or capital.

There are three interwoven elements that determine retirement satisfaction: quality of life; income; age of retirement.

Until recently very little thought was given to the quality of life of those in retirement. The major concern was ensuring a minimum income level in order to prevent poverty in old age. Recreational, cultural, educational, or even continuing employment opportunities were not part of public concern or the average person's anticipation about retirement living.

Expectations have now changed. Retirement is now being viewed as a time to pursue aspects of living that employment may have, in part, precluded.

A suitable arrangement of timing and method of retirement is as important to satisfaction and quality of life in the later years as adequate planning, income and good health. In fact, these are related to good health. While both timing and method of retirement are unavoidably dependent upon income, it is valuable to consider some alternatives in retirement policy which might be available to individuals and which could affect their quality of life.

There are various options.

One option is fixed age retirement. Retirement occurs at some predetermined age regardless of individual preference or capability. This is the common pattern, and is a valid option which has been satisfactory to some individuals and employers.

Another option is continued employment. Many individuals can continue to be capable and productive well into late life and beyond current normal retirement age. For those individuals who desire and who are able to continue full or part-time employment, this could be an option. However, it is currently a rare choice, usually made only by those who are self-employed.

Restructured life patterns is a third option. This alternative, not used now, envisions an individual having periodic leaves from paid work (sabbaticals) during his/her working life and, in order to compensate for these leaves, working in later life beyond the common retirement age.

A fourth option, and one promoted by Council, is flexible retirement. With this option, retirement occurs as an immediate change from full-time employment to non-employment, but the age at which this occurs is not arbitrarily set. The actual age of retirement for each person is individually designed, taking into account health, income prospects, capabilities and preferences.

Gradual retirement, a fifth option also supported by Council, means that a person moves from full-time employment through decreasing amounts of work per year to full retirement. Within this concept, an individual can eventually reach a state of working only a few hours

per week, which is maintained thereafter, or full retirement. Gradual retirement thus approaches both the problems of timing and abruptness.

Both the flexible and gradual retirement options assume that, for most individuals, full retirement will occur and that there is an upper age at which persons will stop working completely. Gradual retirement, however, allows for the possibility that an individual might maintain some form of job connection for the remainder of his or her life.

Both gradual and flexible retirement can be facilitated by pre-retirement planning, increased post-retirement services, socialization and increased leisure and social opportunities. It may be that flexible retirement, because it retains the abruptness characteristic of mandatory retirement, does not come to grips with the problems created by retirement as effectively as does gradual retirement. Gradual retirement can make use of steady increase in non-work time to permit the individual to develop smoothly new daily patterns and new activities. In this way, the rate of withdrawal from the work force can be paced to the needs of the individual.

If we assume that aging will ultimately prevent full-time employment (even though this is not true of all), gradual retirement offers more likelihood of being tailored to individual requirements. There is no reason why an individual who desires to work indefinitely could not replace work with one employer by finding alternative employment. Thus, even those who might prefer to work indefinitely have the opportunity to find new patterns of activity. Generally, though, we are considering that the basic pattern would involve less than full-time employment over a period of years.

Both flexible and gradual retirement are compatible with job redesign and reassignment. They do not, however, handle the problems of a sense of demotion or loss of status, which may come sometimes, with job reassignment.

Job redesign — adjusting the tasks of the job to changed capabilities — however is compatible with both retirement options. Having one's job redesigned might involve some sense of lost status if it occurred only with older employees; however, the benefits of job redesign are not confined to older employees. Younger employees (and job efficiency in general) may also benefit. Job redesign could be viewed as a general policy rather than a concession to older workers. In this way, problems arising from a perceived loss of status would be overcome.

Retirement in Alberta, a 1976 study by the Third Career Research Society, found a strong level of support for gradual retirement; 68% of the respondents indicated strong support for the idea. This was true for all classes of occupations, with the strongest support coming from the farming occupations (86.1% support) and the least from service industry occupations (66% support).

Income after retirement or during the "retiring" phase would require some changes to adjust to either retirement option.

Under the flexible retirement age scheme, pension levels might be different depending on the age at which the employee retired. Clearly, for those retiring before age 65, a penalty might be experienced, depending upon the pension plan. The Canada Pension Plan now permits retirement between ages 60 and 70. Those retiring before age 65 have their basic pension decreased by 0.5% for each month between the date the pension begins and the month after their 60th birthday. The pension will not be readjusted at age 65, but will, however, be adjusted to reflect changes in the cost of living.

Gradual retirement offers the option of slowly lowering wages in relation to declining hours of work while at the same time phasing in pension benefits.

Appendix C:

Social and Health Needs Assessment of Native Seniors

Prepared by: Dr. Christopher Armstrong-Esther
School of Nursing, University of Lethbridge
Member, Seniors Advisory Council for Alberta

Introduction

Knowledge of the social and health needs of a given population is critical planning information for anyone wishing to improve services, programs and their delivery. The alternative of developing programming in the light of what people 'should' need has been repeatedly shown to be inefficient and inappropriate. History shows us that to deal effectively with the aspirations and needs of Native people requires a deep understanding of many social, political, economic and cultural issues, some of which are unique to the Native population and others apply to Canadians in general. Cultural diversity also requires a much broader definition and understanding of social need, the meaning of health and how to achieve it.

The placing of health and social services on a Reserve does not automatically achieve the goal of improved health, or meet the needs of people they are designed to serve. Conventional health provision and the delivery of social services have often proven inadequate in orientation and have been directed toward goals and objectives established without consultation with Indian communities. The needs of the users of the services at different stages of their lives must dictate the form in which the services are developed and delivered. Unless these services are able to respond in the culturally relevant terms required by the user, the gaps between provision and use, and knowledge and application will remain. It is also of some potential consequence that the great majority of present social and health services received by Native people derives from non-Native individuals and institutions that are not located on Reserves. This presents a social and cultural dimension to program development and service delivery that is potentially of great significance. In many Native communities the relationship of client and practitioner also parallels a Native/non-Native social boundary. In addition, the Native population, like the greater Canadian population, is aging. This will bring to Native, on-Reserve and off-Reserve, communities an increasing incidence of degenerative disease, social and health care problems. It is thus critical to assess the degree to which basic background variables such as age, gender, place of residence and other factors affect individual patterns of health, availability and access to services and the appropriateness of services.

Lack of Information Specific to the Situation of Indian and Metis Elderly

Despite an increasing amount of attention directed toward the needs of the general population, the literature shows little research has been undertaken to determine the needs of Native elderly, (Senior Citizens' Provincial Council of Saskatchewan, 1988; Driedger and Chappell, 1987; Bienvenue and Havens, 1986). The Seniors Advisory Council for Alberta has, for several years, been concerned about the needs of Native people in Alberta. While Aboriginal persons aged 65 and over comprise a relatively small portion of the total senior population in Alberta (1.3%, 1986 Census), the

Council believes that it is important to determine and consider their special needs and concerns if the double jeopardy of culture/ethnicity and age (Markides and Mindel, 1987) is to be avoided.

According to the Saskatchewan S.C.P.C. Study (1988), a Study of the Unmet Need of the off-Reserve Indian and Metis Elderly, one of the most critical problems facing the Native elderly is the loss of continuity in their lives (Holzberg, 1982). They must cope with the direct effect of pressures to acculturate brought about by the proximity of urban centres and external social influences. In addition, many children of Native elderly leave economically depressed rural areas and Reserves in search of employment and education (Gills, 1987). This strips away the social support systems and the network of informal caregivers that formed part of a traditional extended family for the elderly. The gap widens further as the technological and educational advances of the younger Native population are increasingly viewed as having more importance in modern society than the traditional knowledge and experience attributed to the elderly (Alberta Culture, 1986; Zay, 1978; Kirkness, 1974).

Defining the Target Population of Indian and Metis Elderly

In considering the concerns and needs of older Aboriginals, it was decided to use the age of 55 years and over rather than 65 years and over as the demarcation of an 'older person.' The reason for this relates to the lower life expectancy of Native people compared with the non-Native community. In Alberta, as in other provinces, it is difficult to determine, with any degree of accuracy, the number of Native people living on and off Reserves who are aged 55 years and above, or how many have full status-rights or are non-status Indians or Metis. In addition, not all Reserves/Settlements were included in the 1986 Census. For example, it is estimated that 9,453 people were living on incompletely enumerated Reserves/Settlements in the 1986 Census in Alberta (Seniors Advisory Council for Alberta, 1990). Lifestyle and educational attainment can also interfere with a Native person's availability and ability to complete census requirements.

Older persons constitute a small percentage of the total population of Aboriginals in Alberta. According to the 1986 Census, there was a total of 103,930 comprising:

48,706 Indians (Status and Non-Status);
54,392 Metis; and
295 Inuit

Of the total number:

5,430 were aged 55 and over; and
2,475 were aged 65 and over

It must be noted that a number of Indian Bands did not take part in the Census.

Location of Older Native People

In 1986, most older Native people (55+) identified by the Census were living off-Reserve. Of the 4,045 persons living off-Reserve, 1,680 lived in Edmonton and Calgary. Many of these individuals may be the group that Weeks and Cuellar (1983) labelled "followers of children". In their San Diego study they concluded that while "followers of children" maintain daily interaction with their children, this close relationship can contribute to their failure to venture from their home, make friends, take part in activities of their community or access the services that are available to other seniors. In other instances, the fact that the children have established themselves in the community, prior to the parents' arrival, may stress previously established relationships as the parent begins to assume a subordinate role in making household decisions (Alberta Culture, 1986).

Council Activities Relating to Older Natives

In 1986 and 1987/88, the Senior Citizens Secretariat (Alberta) prepared information on benefits and services for older Natives. The information was subsequently published in a booklet entitled "Programs for Native Seniors". In 1986, the Secretariat, working with an advisory group of older Natives under the chairmanship of Dr. Anne Anderson of the Native Heritage and Culture Centre, prepared a paper that addressed "Issues Affecting Native Seniors". The paper reviewed available statistical data and literature. Six issues of concern were identified:

1. Involvement of older Natives in the planning and administration of programs and services for their use.
2. Housing and community care and support.
3. Education and information about existing services and programs.
4. Health concerns.
5. Transportation concerns relating to cost, lack of provision and general dependency on others.
6. Income shortfalls due to limited financial resources and inability to build up retirement incomes.

Since 1988, the Council has had a standing committee on older Natives and has had ongoing discussions with representatives of the federal Department of Northern and Indian Affairs, the Advisor on Native Issues of Alberta Family and Social Services, the Provincial Advisory Committee on Native Issues, and the Alberta Indian Health Care Commission.

Surveys of Older Natives in Alberta

The most recent survey (1989) has been undertaken by the Alberta Indian Health Care Commission. A total of 400 questionnaires, based on the Canada Health and Disability Survey (1983-84), were distributed to Indian Reserves throughout Alberta. The survey had two parts, one addressing the living, social and economic circumstances and the other assessing the extent of disability. A total of 79 were returned giving a response rate of 19.7%. While 60% of those responding were female, the age distribution of respondents is not given in the report. Some of the highlights of the report are listed below:

- 39% indicated that they were in their present living arrangements because they were unable to care for themselves;
- 42% indicated that they were not satisfied with their present living arrangements;
- 81% had seen a medical practitioner recently;
- 16% had seen a dentist;
- 52% had spent a period of time in hospital over the last year. The average length of stay was 10 days; and
- 72% indicated that they were on fixed income derived from the Old Age Pension.

With regard to disability:

- 42% were classified as dependent;
- 29% were classified as partially dependent;
- 45% of the disabilities were considered by the elderly to be attributable to disease; and
- 33% of the disabilities were attributed to 'getting old.'

In 1985, a survey of seniors was carried out in the Peace River Health Unit District. The report, entitled "A New Beginning", found a number of significant differences between non-Native and Native seniors.

- There was a marked difference in attitude towards health status.
- Few Natives had thought about making plans for when they might not be able to care for themselves.
- It was assumed by Natives that their families would take care of them.
- Native seniors would only consider moving out of their community for a short time and never live in another community permanently.
- They placed a great value on independence.

In 1987, Elk Point District did a senior citizens survey that included 30 Native people aged 55 and over, living on the Fishing Lake Settlement. Half of the Native seniors felt that their housing was below average but most were unsure or opposed to living in the seniors' lodge in Elk Point.

In 1988, a Seniors Advisory Council (Alberta) member carried out an informal survey of two Metis settlements (Elizabeth and Fishing Lake) and one Reserve (Frog Lake). The population of seniors was:

Elizabeth Settlement: 10
4 living off-settlement in extended care centres

Fishing Lake Settlement: 25

Frog Lake Reserve:
153 persons aged 55 and over

At the two Metis Settlements, some difficulties were experienced by seniors with transportation assistance. Fishing Lake seniors appeared to have more home nursing and housekeeping services, and about three-quarters of the seniors lived with relatives. At the Frog Lake Reserve, an improvement in the situation of the native seniors was reported by the Director of Family and Community Support Services (FCSS), a member of the Band council. Most lived with relatives; home care and transportation services were available. However, most homes were thought to need upgrading. Seniors, while aware of programs, had language difficulties when reading printed materials and completing forms. In the survey, there was no opportunity to corroborate the information or impressions.

Rationale for Proposed Study

The information gathered to date gives only a limited picture of the situation and needs of older Natives in Alberta. It is quite apparent, however, that there are major concerns about their health and living conditions. In addition, we know very little about the situation of older Natives who are living in urban centres. As mentioned in the introduction, the needs of the users of the services must dictate the form in which programs are developed and services are delivered. The problem at this point in time is that we do not know what the health and social service needs of older Native people are. It is, therefore, impossible to advise on the appropriateness or effectiveness of existing services to plan to meet future needs and expectations.

It should be added that it is not the intention of the Seniors Advisory Council, made up of non-Native government appointees, to tell Native people what they need. The objective of the study is to identify and determine the health and social service needs of a representative group of Native seniors, working in close collaboration with an advisory group that may be made up of representatives from:

Alberta Indian Health Care Commission
Indian Association of Alberta
Metis Association of Alberta
Provincial Advisory Committee on Native Issues
Metis Women's Council for Edmonton
Native Friendship Centre (Edmonton and Calgary)
Alberta Health
Alberta Municipal Affairs

Clearly, the information gleaned would be helpful to the Seniors Advisory Council in their task of informing and advising the provincial government. However, information relating to specific Reserves/Settlements and/or Metis Settlements would be made directly available to them so that they can develop and promote new services or modify existing services in a way that is culturally appropriate.

Methodology

Study population.

350 Natives aged 55 and over would be interviewed:

- 100 living in two southern Bands to reflect and encapsulate urban influences;
- 100 living in two northern Bands where lifestyles are more traditional and less influenced by urban pressures;
- 50 Metis living in Settlements to provide specific information on their needs; and
- 100 Indian and Metis living off-Reserve or Settlements (Status and non-Status) and based in the larger urban centres of Calgary and Edmonton.

The decision to interview a sample of 350 Natives is considered to be a reasonable number for the age group 55 years and over and represents a sample size of approximately 9 percent. The sample would be, of necessity, non-random because it is not possible to obtain accurate data on numbers, sex and age distribution of older Native persons, and there is no master list from which to draw a sample.

Instrument

A questionnaire, based in part on the Canadian Health Promotion Survey Questionnaire (1988) and the Canadian Health and Disability Survey Questionnaire (1984), has been developed with the addition of some questions specifically related to perceived and actual Native circumstances. The draft of the questionnaire has been reviewed by representatives of Indian and Northern Affairs and Native members of their liaison committee. It is a lengthy document and will need to be field-tested using a group of 50 Native seniors from a Reserve that is not taking part in the study.

Distribution and Collection

Mail-out or self-completion of the questionnaire is not practical. An interview format will be used, and in each participating Native community respected members of the Reserve or Settlement will be employed, after training, as interviewers. To overcome the problems that might arise from the number of questions in the questionnaire (164), the field trial will also determine if the survey should be administered in two parts with some Native seniors answering the questions on health needs and others addressing the issue of social needs.

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Appendix D:

Summary of the Brief to the Social Housing Review, Alberta Municipal Affairs, from the Seniors Advisory Council for Alberta

June 25, 1990

Adequate, safe and affordable housing for older persons has been a continuing concern of Council. Since its first report to the Government of Alberta in 1977, the Council has made recommendations on issues related to housing. It is gratifying that the government has responded positively to many of these recommendations.

This brief incorporates some of these recommendations as well as some recent concerns.

1. We urge the government to ensure that older people are consulted and involved in the planning and design of all housing programs and services for seniors. Seniors should also, in some instances, be involved in the management of programs (housing projects) and evaluation.

2. It is essential to continue to support seniors who wish to remain in their own homes, whether owned or rented:

- The Property Tax Reduction Benefit Program, Renters' Assistance Grant, and Seniors Independent Living Grant are appreciated; by providing direct and indirect income support, they help seniors maintain more independent living and are easy to access. However, some of our members believe that, with the changing economic situation and growing number of seniors, the eligibility criteria for these programs may need to be reconsidered.
- We appreciate the Seniors' Emergency Medical Alert Program for lower income older people, but believe its usage and validity should be carefully evaluated after a two-year period.
- Consideration could be given to a reverse mortgage program administered by the Alberta Mortgage and Housing Corporation.

3. It is essential to ensure a wide range of housing options for older people, including:

- garden suites;
- small apartments built into older people's homes;
- housing for middle income people, for which people could pay in whole or part (the private and voluntary sectors need to be encouraged to develop such housing);
- upper limits in the amount charged for subsidized housing in rural areas where alternatives in seniors' housing may not be available; and
- the design of all housing so that disabled people can be accommodated (mobility housing).

For some of the above options, exceptions need to be made to zoning by-laws.

In addition:

- apartment complexes for seniors should be limited in size (no more than 100 units);
- accessibility to other facilities, such as shopping, is important; and
- some apartment housing should have support services (meals, housekeeping, personal care) which residents could purchase.

Finally, all staff/managers should have some educational programs on aging and working with older people.

4. Changes must be made in the lodge program so that it continues to be a relevant part of the system of services for older people:

- lodges should be part of the single entry and long term care system;
- eligibility criteria for admission to lodge accommodations may need to be changed to accommodate people who are more frail;
- consideration could be given to increasing the charges for lodge accommodation;
- older lodges should be renovated to ensure they are sound and attractive;
- residents in cottages attached to lodges should be able to purchase at least one meal a day; and
- no new lodges should be built without a clear justification of need.

5. The government should encourage the development of some private lodges, for seniors who can afford to pay more. This, along with the development of apartment housing with services, would lessen the need to build more subsidized municipal lodges.

Housing for seniors provides shelter and also a social environment.

Those planning and managing such housing must work closely with those planning and managing other services for seniors.

Retirement planning must begin early, and we need to encourage alternatives to government subsidized programs.

The real, not the perceived, needs of older people must be monitored. The needs are changing, and programs must be continually evaluated in relation to those changes.

Appendix E:

Summary of the Response to the Rainbow Report, Premier's Commission on Future Health Care for Albertans from the Seniors Advisory Council for Alberta

June 1990

The Council expresses appreciation for the emphasis on health promotion and a healthy environment, and for identifying the relationship that exists between educational attainment, employment/income potential, poverty and health. The Council supports the moves to promote greater individual involvement and responsibility as a means of shifting the emphasis of care from disease treatment to disease prevention and health promotion and maintenance.

We believe, however, that insufficient attention has been paid to the elderly population which is growing in number. While health promotion may prevent some diseases, there will inevitably be other diseases and there will be more older people who are frail and in need of special services, such as non-medical home supports. Therefore, we support the recommendation concerning direct payments to individuals to enable them to purchase care services.

- Recommendation One (health promotion and illness prevention):
  Strongly supported. We agree with the health promotion goal relating to the elderly — "reduction in inappropriate drug prescriptions," but would encourage other initiatives that relate to aspects of seniors' wellness, community living and maintenance of the elderly in long term care facilities.
- Recommendation Two (facilities and departments of government become role models of healthy environment):
  Supported. However, there is a need for the government to provide active support, and a need for more research about health promotion as it relates to long term outcomes, motivation and health maintenance.
- Recommendation Three (smart card system):
  No agreement. Some support it and some do not.
- Recommendation Four (include matters pertaining to the health system in appropriate life skills management, social studies and other courses in the school curriculum):
  Supported in principle. However, there is some questioning of the ethics of a "rewards' system for a healthy life style and "punishment" for high risk behaviour. The incorporation of such information in college and university courses, especially those for health professionals, is supported.
- Recommendation Five (ethics centre funded by matching grants):
  Supported. However, it is suggested that it should be fully funded by government in order to avoid the bias of any one powerful pressure group; it should be funded by several departments.
- Recommendation Six (enduring power of attorney and living wills):
  Supported. The Council has made similar recommendations in our annual reports.
- Recommendation Seven (explore personal portable funding):
  Not supported. Personal portable funding would be very complex and difficult to implement, and some members believe that it would be a step toward undermining universal access

to health care. The Council recommends other measures to control over-utilization.

- Recommendation Eight (define basic insured services):
  Supported in principle.
- Recommendation Nine (direct payments to permit people to purchase care services):
  Supported. The Council has made similar recommendations in our annual reports.
- Recommendations Ten and Eleven (advocate for a healthy Alberta):
  Not supported. The Council is concerned about the creation of another bureaucracy and the cost of doing so. Such funds might be better used in health promotion and research.
- Recommendation Twelve (establish nine health authorities):
  Majority of the members support this, but not all. There is a need to reorganize the health care system to reduce duplication and over-utilization of expensive institutional services. However, it would be necessary to put in place mechanisms that prevent large acute care institutions from dominating the scene and controlling the budgets.
- Recommendation Thirteen (declare health and health care a priority):
  Supported. This is needed in order to protect budget allocations in times of restraints.
- Recommendation Fourteen (expand mandate of the Alberta Heritage Foundation for Medical Research to include research into health care systems, etc.):
  Supported. Council would like the Foundation to be able to fund applied research, and research conducted by a range of health professionals.
- Recommendation Fifteen (establish mechanisms to assess health technologies, the social and psychological impact, including legal and ethical dilemmas):
  Supported. We see this linked to Recommendation Six.
- Recommendation Sixteen (recognize meritorious service and innovation):
  Supported.
- Recommendation Seventeen (teamwork, improve interdisciplinary relationships, course content emphasize this):
  Supported. We see this as one way of overcoming territoriality and restrictive practices.
- Recommendation Eighteen (review manpower needs, apprise educational institutions of these so they can respond; work with western provinces; purchase seats at out-of-province institutions):
  Supported. However, additional funds need to be provided for this. Universities do not have the funds, and educational programs in the western provinces are not strong enough in their health related programs.
- Recommendations Nineteen, Twenty and Twenty-one (environmental ethics, research and healthy choices):
  Supported.

Further issues of concern to Council:

- Use of high cost technology without measures of benefits to clients;
- Reorganization of services and care;
- Need to use existing services more effectively. Concern has been expressed about the building of a children's hospital which runs completely counter to demographic trends;
- Prolonging life without quality; and
- Shifting the emphasis from conventional care to healthy aging.

Appendix F:

Summary of the Response to the Action Plan of the Premier's Council on the Status of Persons with Disabilities from the Seniors Advisory Council for Alberta

June 1990

We suggest that, for some older people and for some younger disabled people, total integration (which is emphasized in this report) may be desirable but not always possible. For some people, care in institutional settings is the most appropriate alternative, even on a long term basis.

The emphasis should be on appropriate assessments to ensure that the appropriate package of services is provided in the appropriate setting.

Most older persons, who are disabled, are disabled due to illness. We believe, therefore, that both the 'medical' and the 'social' (what the Action Plan calls the 'welfare') approach are needed. In fact, what older people and many younger disabled people need is an integrated approach or service.

Access to appropriate diagnostic, treatment and rehabilitation services is essential. This is an area not mentioned in the Plan.

We have concerns about the recommendation in the Plan for a single, consolidated Community Support Unit which would provide all public funding for supports to assist disabled people and which would encompass, along with other existing services, the Coordinated Home Care Program.

We agree with the recommendation that Alberta Health should increase non-medical supports and expand the eligibility for home care (for those needing non-medical supports only) to persons under age 65.

We also support the recommendation that consideration be given to looking at models which provide dollars, rather than direct services, to the client.

We have concerns about removing the responsibility for the Coordinated Home Care Program from Alberta Health and the health units, and placing this program under the responsibility of a new bureaucratic unit. Under the single entry model now being implemented, gradually, throughout the province, the home care program is the entry point to long term care services. We believe it would be most unfortunate, and a backward step, to ignore these developments in the coordination of services and consider turning the entry point over to any other community service provider.

For older people, the most "user friendly" service is the home care program. Social services, administered by Alberta Family and Social Services through district offices, are viewed as "welfare."

The Council is also concerned about a lack of consistency in services throughout the province (home care and Family and Community Support Services).

We believe that seniors should still be exempted from cost sharing in the Extended Health Benefits Program (Aids to Daily Living Program).

Our Council supports the need for more effective community mental health services, and believes that these services for older people should be integrated with other community and long term care services.

We support the relocation of persons with mental handicaps from institutions to community living with supports, but wish to point out that this is not feasible for all older people with mental retardation. In all instances, community care plans must be carefully developed.

Appendix G:

Summary of Comments on the Alberta Health Discussion Paper, "Mental Health Needs of the Elderly" from the Seniors Advisory Council for Alberta

April 1990

Council considers this an excellent report, which gives an accurate account of the current situation, identifies needs still not met and emphasizes a consumer orientation in the planning and delivery of mental health services for older persons. We hope that the recommendations stemming from this report will be translated into concrete action.

There is a need to:

- Link mental health services for elderly persons with generic services for the elderly, services which are most acceptable to older persons and their families and are trusted and "user friendly" (community health nursing services, the single point of entry, home care and long term care facilities);
- Link mental health services for older persons with the single point of entry which will enable local authorities to identify and meet needs specific to their areas;
- Make available, in addition to the Alberta Assessment and Placement Instrument, more comprehensive mental health evaluation tools for the use of the home care assessors, who can then, if needed, make referrals for more comprehensive psychiatric assessments;
- Address the issue of confidentiality in a constructive way, so that it does not act as a brake to effective care provision;
- Provide community-based psychiatric services for the elderly, with the ability to assess, review and admit people to local acute care hospital psychiatric units, and the ability to respond quickly. Council recommended the development of psychogeriatric teams in each Mental Health Services region in its 1988 report;
- Provide in-service education on aging and mental health for community health nurses, home care staff (including homemakers), physicians, informal caregivers, staff of Mental Health Services, staff of long term care facilities. Advanced Education should be approached to provide the needed additional funding.

  These are the people who are often the first to come in contact with older persons, and who are therefore most important for the early identification of mental health problems.
- Provide to medical, nursing, rehabilitation therapy and social work professionals, core courses, particularly in gerontology but also in mental health, to ensure that older people receive appropriate, coordinated service.
- Provide local generic services and develop community based psychogeriatric services; centralized facilities for seniors with mental health problems lead to isolation and separation from relatives and the breakdown of seniors' support systems. Admission to such usually means that any family problems which may have led to the admission are not dealt with.

- Consider the feasibility of secured group home settings for some elderly persons with some dementia. These would be people who do not have an appropriate support system, but do not need institutionalization in a clinical setting. This was mentioned by Council in its 1984 report.
- Consider the rights of older adults, particularly in relation to guardianship. The determination of competency/incompetency in an older adult is difficult, and should be based on a thorough assessment. In 1988 we recommended that consideration be given to using the Alberta Assessment and Placement Instrument, with some slight additions. We also recommended for such assessment using the home care staff who are knowledgeable about community resources.
- Provide appropriate community resources when discharging people, particularly mentally disabled (handicapped) persons. Deinstitutionalization must be done in a consistent and logical way. The closing of hospital beds has seldom been offset by a corresponding strengthening of community resources (Health and Welfare Canada, 1988).
- Council is pleased that the discussion paper recognizes that there are special client groups and that institutional care is, in some instances, the appropriate form of care.
- Address the mental health needs of informal caregivers and paid workers who are often dealing with difficult older persons.
- Provide additional funding to respond to changes in mental health services. These funds should not be generated through the reduction of pediatric services, as is suggested in the discussion paper. The discussion paper suggests that there is a need for public recognition of the problems and issues related to the mental health needs of the elderly. The Seniors Advisory Council for Alberta would be pleased to sponsor seminars on this topic, in cooperation with other agencies such as the Mental Health Division of Alberta Health.

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